

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1006

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(None) Henry Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: None  
(If in hospital or institution, write number or location)

In this community 15 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Manchester  
(If outside city or town limits, write "RURAL.")

(d) Street No. Henry Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry E. Follus

3. (b) If veteran, name war None

3. (c) Social Security No. 494-10-509

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Finlay Follus

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 6 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Post Master

11. Industry or business Manchester, Mo. P.O.

12. Name Littleton Follus

13. Birthplace ? Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Follus

(b) Address Manchester, Mo.

17. (a) Burial (b) Date thereof Apr. 27-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. Kirkwood, Mo.

18. (a) Signature of funeral director Schrader Fun. Home

(b) Address Ballwin, Mo.

19. (a) APR 28 1943 (b) C. J. McFarlan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1943 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec. 1st 1942 to April 25 1943  
that I last saw him alive on April 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cardiac decompensation  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations gfc

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No.

(e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature B. P. Irving (M. D. or other) mo

Address Ballwin, Mo. Date signed 4.26.43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Baldwin, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**