

FILED JUL 8 1943 313

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 5816

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution city #1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2309 North 10th Street.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Hardin McHenry

3. (b) If veteran, name war None

3. (c) Social Security No. 030-10-4023

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1943 hour 6 minute 40 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 4 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death: Body Too Badly Decomposed to Make a Diagnosis Found dead at residence

Due to _____

10. Usual occupation Clerk

11. Industry or business Optical Company

12. Name Estill McHenry

13. Birthplace Hartford Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Eads

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions Found dead at residence
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant W. E. McHenry

(b) Address 4721 Westminister Place

17. (a) Cremation (b) Date thereof 6/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 25 1943 J. F. Brudek
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Alfred J. Perry Subst 3
(M. D. or other)

Address Deputy Coroner Date signed 6/20/43

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..... **NO EMBALM**

Licensed Embalmer No.....

P. O. Address.....

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.