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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1943

Registration District No. 318

Primary Registration District No. 1003

State File No. 23075

Registrar's No. 6436

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

1. PLACE OF DEATH:

(a) County ~~Missouri Pacific Hosp~~

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

(c) Name of hospital or institution: Mo Pac Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TWO MONTHS (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County OUT 17

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 EADS AVE
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) O

If yes, name country .....

3. (a) PRINT FULL NAME Joseph De Villa Henry

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWER

6. (b) Name of husband or wife PRISCILLA

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

7. Birth date of deceased DECEMBER (Month) 1 (Day) 1859 (Year)

8. AGE: Years 83 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace INDIANA (City, town, or county) 1 (State or foreign country)

10. Usual occupation JANITOR - RETIRED - 5 yrs

11. Industry or business UNION STATION

FATHER
12. Name JAMES HENRY
13. Birthplace ~~INDIANA~~ PENNSYLVANIA 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SKINNER
15. Birthplace ~~INDIANA~~ PENNSYLVANIA (City, town, or county) (State or foreign country)

16. (a) Informant Albert Henry - SON

(b) Address 5744 ETZEL AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 16-1943 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Wm J Robert

(b) Address 1905 S. Grand Blvd

19. (a) JUL 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 20, 1943, to July 13, 1943; that I last saw him alive on July 13, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of sigmoid	
Degenerative heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of sigmoid

Of autopsy

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Harol Steele (M. D. ~~or other~~)

Address 1755 S. Grand St. Louis, Mo. Date signed 7/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Kirons

Licensed Embalmer No. 4319

P. O. Address St Louis 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.