

**FILED** AUG 18 1943  
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County **ST. LOUIS**  
 (b) City or town **ST. LOUIS**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Barnes Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **17 days** (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. **4440 Lindell** (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Dorothy Margaret Henley**  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **August** day **6th**  
 year **1943** hour **4** minute **25 P.M.**  
 21. I hereby certify that I attended the deceased from **7-21-43**  
 to **8-6-43** 1943  
 that I last saw him alive on **4:20 8-6-** 1943  
 and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **WIDOW**  
 6. (b) Name of husband or wife **JOSEPH V. HENLEY**  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased **NOV. 24 1873**  
 (Month) (Day) (Year)

Immediate cause of death **Cerebral embolism**  
 Duration

8. AGE:	Years	Months	Days	If less than one day
	<b>69</b>	<b>8</b>	<b>12</b>	hr. min.

Due to **cardiac mural thrombus**  
 Due to **coronary occlusion**  
 Other conditions **diabetes mellitus**  
 (Include pregnancy within 3 months of death)

9. Birthplace **ST. LOUIS MO.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **OTTO CRAMER**

13. Birthplace **ST. LOUIS MO.**  
 (City, town, or county) (State or foreign country)

14. Maiden name **SOFIA LUDEWIG**

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

16. (a) Informant **JOHN C. HENLEY**

(b) Address **7455 WILANE AVE. U. CITY**

17. (a) **BURIAL** (b) Date thereof **8-10-43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur Donnelly**  
 (b) Address **3840 Lindell Blvd**

19. (a) **AUG 9 1943** (b) **J. F. Brebeck**  
 (Date received local registrar) (Registrar's signature)

Major findings:  
 Of operations  
 Of autopsy

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) (e) Means of injury  
 23. Signature **M. C. Abney** (M. D. or other)  
 Address **Barnes Hospital** Date signed **8/6/43**

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linden

**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.**