

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36461

State File No. \_\_\_\_\_  
Registrar's No. 9692

FILED NOV 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 \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3106 Clark Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3106 Clark  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin T. Henry

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced, Child

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

7. Birth date of deceased September 21, 1930  
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

12. Name Joseph Henry

13. Birthplace S. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Alma Young

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

16. (a) Informant Rev. J. P. Henry

(b) Address 3106 Clark Avenue

17. (a) Removal (b) Date thereof 11/7.43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclède Avenue

19. (a) NOV 4 1943 (b) J. F. Bredebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3  
year 1943 hour 5:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov. 27  
1943 to Nov. 3 1943  
that I last saw him alive on Nov. 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Septicemia  
Due to Streptococcus throat

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 115

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 J. E. Hurt (M. D. \_\_\_\_\_)  
Address 2742 1/2 Franklin Date signed 11-4-43

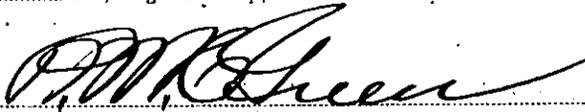
Duration  
6 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 .....

Licensed Embalmer No. 1173.....

P. O. Address 3517 Soledad St.....

**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.**