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Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3869a Flad Ave.
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Orrin G. Henry

3. (b) If veteran, name was None 3. (c) Social Security No. 702-12-6383

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

6. (b) Name of husband or wife Mary Henry 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 23rd 1872 (Month) (Day) (Year)

8. AGE: Years 69 9 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Gillman Illinois (City, town, or county) (State or foreign country)

10. Usual occupation General Yardmaster Terminal R.R.

11. Industry or business Terminal R.R.

MOTHER FATHER { 12. Name John N. Henry 13. Birthplace U.S. (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary L. Moore 15. Birthplace U.S. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Henry (b) Address 3869a Flad Ave.

17. (a) Burial (b) Date thereof 1-27-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries (b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 25 1944 (Date received local registrar) (b) J.F. Biedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis 917
(d) Street No. 3869a Flad Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th year 1944 hour 7 minute A.M.M.

21. I hereby certify that I attended the deceased from Jan 25, 1944, to Jan 25, 1944 that I last saw him alive on Jan 25-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration Several hours

Due to Chronic Myocarditis 2

Due to General Arterio-Sclerosis 2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. Louis Schuchert (M. D. or other) Address 2200 Chouteau av Date signed 1-25-44

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USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Richard W. Stouffer*

Licensed Embalmer No. *4007*

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.