

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution. 2 Mos. 4 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 3225 Montgomery
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Alfred Henry
3. (b) If veteran, name war. NONE
3. (c) Social Security No. NONE
4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife DEC. 15-1
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DEC. 15-1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17th
year 1944 hour 4:15 minute _____ P. M.
21. I hereby certify that I attended the deceased from Dec. 13th
19 44, to Feb. 17th 44
that I last saw him alive on Feb. 17th 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 2 2 _____ hr. _____ min.

Immediate cause of death Arteriosclerotic heart dis
Due to _____
Due to _____
Other conditions _____
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace FRANCE
10. Usual occupation GLASS WORKER
11. Industry or business _____
12. Name UNKNOWN
13. Birthplace _____
14. Maiden name UNKNOWN
15. Birthplace _____

MOTHER FATHER {
16. (a) Informant Ruth Jones
(b) Address 2337 W. Ballou St
17. (a) BURIAL (b) Date thereof 2-22-44
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Bullen & Kelly
(b) Address 4386 Lindell Bl
19. (a) FEB 22 1944 (b) Alfred
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature Kneezler (M. D. or other) _____
Address 1515 Lafayette Date signed 2/18/44

WRITE PLAINLY—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 *M. M. Campbell Jr*
Licensed Embalmer No. *4861*
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.