

S. No. 2
M-5-43
ev. 5-17-39
I X36671

FILED FEB 18 1944

Registration District No. Primary Registration District No. Registrar's No. 1400

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:
Inroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4008 North Market St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Henry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Lena Henry 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 19th., 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th., year 1944 hour ? minute 15 p.m.

21. I hereby certify that I attended the deceased from 2-9-44, 1944, to 2-10- 1944, that I last saw him alive on 2-10- 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
69	5	21	_____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Retired Farmer

Other conditions Hypertension
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name ABRAHAM LINCOLN HENRY

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

14. Maiden name MARTHA JANE DOSS

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jessie Henry

(b) Address 4008 North Market St.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 2-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation TERRE HAUTE, INDIANA

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? _____

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd.

19. (a) FEB 13 1944 (b) J. J. B...
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury _____

23. Signature J. J. B... (M. D. or other) _____

Address 4903 D. ... Date signed 2/10/44

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.