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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28755

State File No.

Registration District No. 317 Primary Registration District No. 30 69 Registrar's No. 1799

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~Maplewood~~ R.K.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hosp. O
(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 Stl Louis 96

(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 5

(d) Street No. 7471 Flora (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henley, Robert K.

3. (b) If veteran, name war

3. (c) Social Security No 494-10-9185

4. Sex M

5. Color or race W O

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Catherine M. Henley

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. 23 1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 2 If less than one day hr. min.

9. Birthplace St. Louis County Mo O (City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Geo. D. Barnard Co.

FATHER
12. Name Walker Henley
13. Birthplace St. Louis County Mo. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Kieff
15. Birthplace St. Louis County Mo. O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Henley
(b) Address 7471 Flora Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Michael Croghan
(b) Address 7146 Manchester

19. (a) AUG 29 1944 (Date received local registrar) (b) E. G. McGarron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1944 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct 26, 1940 to 8. 25, 1944 that I last saw him alive on 8. 24, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Decompensation	2 weeks
Due to Chronic Myocarditis	2 years
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic prostatic Hypertrophy	1 year

Major findings:
Of operations
Of autopsy 93d

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) No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature T. R. Usher O (M. D. or other) M.D.
Address 2816 Sutton Blvd Maplewood, Mo Date signed 8-26-44

707

(Licensed Embalmer's Statement on Reverse Side)

C
445
30/44

AUG 31 1944

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.