

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
 (b) City or town St. Louis, Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 3 hours (Specify whether  
 In this community 3 hours  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 5140 Ridge  
 (If rural, give location) 6  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lerlie Sherman Henry

3. (b) If veteran, name war. No 3. (c) Social Security No. 498-01-1744

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased February 22, 1892  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 7 20 hr. min.

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

10. Usual occupation Machinist  
 11. Industry or business St. Louis Spring Co.

MOTHER FATHER  
 12. Name Edward Henry  
 13. Birthplace Pennsylvania  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Carrie Liggett  
 15. Birthplace Pennsylvania  
 (City, town, or county) (State or foreign country)

16. (a) Informant Helen Henry  
 (b) Address 5140 Ridge Ave.

17. (a) Burial (b) Date thereof 10 - 14 - 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
 18. (a) Signature of funeral director Chas. F. Stuart & Sons

(b) Address 1225 Union Blvd

19. (a) OCT 13 1944 (b) J. F. Budeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12  
 year 1944 hour 12:50 minute A M.  
 21. I hereby certify that I attended the deceased from April 15  
 1944 to Oct. 12 1944  
 that I last saw him alive on Oct. 12 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of the myocardium Duration 3 hrs.  
 Due to Arteriosclerosis yrs.

Due to g/h/a  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy As above  
 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?  
 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 23. Signature Herbert C. Megard D. or other M.D.  
 Address BARNES HOSPITAL Date signed 10/13/44

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 *Bernard J. Stuart*  
Licensed Embalmer No. *3500*

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.**