

FILED NOV 20 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38781

Do not use this space.

1. PLACE OF DEATH *St Louis*
- (a) County..... *St Louis* Registration District No. *317*
- (b) Township..... Primary Registration District No. *3089* Registered No. *2274*
- (c) City *Richmond Heights* (d) Street No. *St Marys Hospital* St.
- (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Anna J. Henry*
- (a) Residence, No. *St Anthony 509 St Louis Mo* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Child 0</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 1944</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<i>8</i>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN)..... <i>Potosi Mo.</i> (STATE OR COUNTRY)				
FATHER	13. NAME <i>Amel J. Henry</i>			
	14. BIRTHPLACE (CITY OR TOWN)..... <i>Potosi Mo.</i> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <i>Lorene Brauley</i>			
	16. BIRTHPLACE (CITY OR TOWN)..... <i>Centerville Mo.</i> (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS) <i>Amel J. Henry Potosi Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Potosi Mo.</i> DATE <i>Nov. 8 1944</i>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>G. J. Sparks Potosi Mo.</i>				
20. FILED <i>NOV 8 1944</i> <i>G. B. McLawrence M.D.</i> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 26 6 1944*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 6 1944*, to *Nov 6 1944*

I last saw him alive on *Nov 6 1944* Death is said to have occurred on the date stated above, at *12:57 pm*.

The principal cause of death and related causes of importance were as follows:

Pneumonia - Left lower

109

Other contributory causes of importance:

Malnutrition

Name of operation..... *xRay* Date of..... *No*

What test confirmed diagnosis?..... Was there an autopsy?..... *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) *Jackson K. Ep* M. D. (Address) *6420 Clayton Rd. - St Louis*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2024-8-18 1 X16905

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.....

Not Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed *E. L. Potosi*.....

Licensed Embalmer No.....

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, above space should be left blank.