

S. No. 2
OM-2-43
v. 5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11329

FILED MAY 3 1945 818

State File No. _____

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3626

1. PLACE OF DEATH:

(a) County _____

(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:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

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

(d) Street No. 1214 Lynch st.
(If rural, give location)

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

3. (a) PRINT FULL NAME PETER HENRY

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-01-3280

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1945 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from 4/2/45
_____ 19, to 4/22/45 19;
that I last saw h. im alive on 4/22/45 19;
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Feb. 17 1879
(Month) (Day) (Year)

Immediate cause of death _____
Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy yes

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>2</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Henry

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

14. Maiden name Margaret Koehler.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Catherine Henry.
(b) Address 1214 Lynch St.

17. (a) burial. (b) Date thereof 4/24/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kimmiswick MO.

18. (a) Signature of funeral director Wm. C. Moydell
(b) Address 1926 Allen Ave.

19. (a) APR 24 1945 J. F. Bresick
(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? _____
(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 Herbert E. Gutz (M. D. or other) _____
Address 1515 Lafayette St. Louis

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.