

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED MAR 28 1946

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2394**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1012 Atchison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether 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. **1012 Atchison**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Benjamin F Henry**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widore**

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

7. Birth date of deceased **May 15 1888**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **8** year **1946** hour **12** minute **15** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	67	9	25	hr. _____ min. _____

Immediate cause of death _____
coronary thrombosis

Due to _____

Due to _____

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

9. Birthplace **Salttillo Lee County Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Moog Industrial**

11. Industry or business _____

MOTHER FATHER

12. Name **James W. Henry**

13. Birthplace **Lee C Miss**
(City, town, or county) (State or foreign country)

14. Maiden name **Marina E. Henry**
(City, town, or county) (State or foreign country)

15. Birthplace **Salttillo Miss**
(City, town, or county) (State or foreign country)

Major findings: _____

(1) Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Buhyon Henry**
(b) Address **1012 Atchison**

17. (a) **Burial** (b) Date thereof **3/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Peters Luc. & Hunt Rd.**

18. (a) Signature of funeral director **Central Undertaker**
(b) Address **1841 Cass ave.**

19. (a) **MAR 9 1946** (b) **J. J. Bredek**
(Date received local report) (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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Alfred J. Perry** (M.D. or other) _____
Address **Deputy Coroner** Date signed **3-8-46**

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.....

Albert G. Hays

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.