

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11223**  
Registrar's No. **2542**

**FILED** MAR 27 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 43 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Jewel Henry

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Bert Henry

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 4th. 1892/1902  
(Month) (Day) (Year)

8. AGE: 43 Years  
~~53~~

Months	Days	If less than one day
<u>9</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name John Blankenship

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

14. Maiden name Cora Bunce

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

16. (a) Informant John Blankenship

(b) Address 2616 B. N. 11th St.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 3-19-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Hnd. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 16 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 2515a N. 10th. St.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 15th.  
year 1946 hour 8:00 PM minute 05

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.

Immediate cause of death: 2nd 3rd degree Burns of face arms hand body which had broken through on face from cigarette while in smoking bed. Left her home on March 4 1946 about 1.05 o'clock. She was slumped & contused 100%

Other conditions: (Include pregnancy within 3 months of death)  
She slumped to building

Major findings: Of operations

Of autopsy \_\_\_\_\_

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) Accident

(b) Date of occurrence March 15 1946

(c) Where did injury occur? at home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm in industrial place, in public place? at home

(e) Means of injury 600

23. Signature Patricia E. King  
(Specify type of place) (e) Means of injury

Date signed 3/16/46

MAR 26 1987

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 *John P. Buckholz*

Licensed Embalmer No. *1674*

*2223 St. Louis* P. O. Address *St. Louis Mo.*

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.