S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

16826

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17947

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 1198

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmonds eights Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St.Marys Hosp O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96

(c) City or town Webster Grove Mo 7
(If outside city or town limits, write "RURAL")

(d) Street No. 202 Lucille Pl 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Clement H Henry

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept (Month) 20 (Day) 1894 (Year)

8. AGE: Years 51 Months 8 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation Timekeeper

11. Industry or business Carondolet Foundry

FATHER
12. Name E Henry
13. Birthplace St.Louis (City, town, or county) Mo (State or foreign country) O

MOTHER
14. Maiden name Sally A Unknown
15. Birthplace St.Louis (City, town, or county) Mo (State or foreign country) O

16. (a) Informant Emma Henry
(b) Address 202 Lucille Pl W.G.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 3 (Day) 46 (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So.Kingshighway

19. (a) 6-3-46 (Date received local registrar) (b) E.D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1946 hour 12.30 AM minute ..... M.

21. I hereby certify that I attended the deceased from May 20, 1946 to May 31, 1946 that I last saw him alive on May 31, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia (bilateral)	5 days
Due to 107	
Due to	
Other conditions (Include pregnancy within 3 months of death) Perirectal abscess Fistula in ano	7 years

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) .....
(b) Date of occurrence No
(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 Dr. Duff Allen O (M.D. or other)
Address 4500 Olive St Date signed 5-31-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Duff Allen

4500 Colin
Lo 3800
11-1

NOV 4 1950

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.