

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15172
Registrar's No. 4027

Registration District No. _____ Primary Registration District No. _____

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:
St. Anthony's Hospital
(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)

3. (a) PRINT FULL NAME Eliza Semple Henry
3. (b) If veteran, name war No. 3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 17, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace: St. Paul, Minn.
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk, Recorder of Deeds.
11. Industry or business City of St. Louis, Mo.
12. Name James Hamilton Henry
13. Birthplace Bridgeton, Penna.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Benson Hill
15. Birthplace Montezuma, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. H. Killoren
(b) Address 6201 Westminster Place.
17. (a) Removal (b) Date thereof 4/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montezuma, Indiana
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) APR 18 1947 (b) J. F. Medvedy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gas
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Bristol Hotel, 5650 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
year 1947 hour 11 minute 48 P. M.
21. I hereby certify that I attended the deceased from _____, 1947, to April 16, 1947.
that I last saw her alive on April 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Edema. Duration 12 hrs.
Due to ANEMIA & Uremia 2 wks.
Due to Hemorrhage 2 mo.
CARCINOMA of cervix 1 yr.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Cervix
Of operations: with Metastasis to Lumbar
Of autopsy: No autopsy Vertebrae.
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 _____
(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) Means of injury _____
23. Signature J. F. Medvedy (M. D. 1943)
Address 812 Olive Street. Date signed 4/17/47

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

MOTHER FATHER

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.