No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32598
9209

FILED OCT 11 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's 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: 2715 Arkansas Avenue
(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 28 years

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. 2715 Arkansas Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR SIDNEY HENRY

3. (b) If veteran, name war Nil

3. (c) Social Security No. 493-10-9655

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April 5, 1900
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
47	5	25	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business St. L. Public Serv. Bus

FATHER
12. Name Maxwell Henry
13. Birthplace ? Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adeline Lay
15. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Henry
(b) Address 2715 Arkansas Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-4-47
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) OCT 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30 year 1947 hour minute 4 P.M.

21. I hereby certify that I attended the deceased from 9-30, 1947 to 9-30, 1947 that I last saw him alive on 9-30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 3707 Gravois Date signed 9/3

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.C. Drace,Sr.
3700 Gravois Av.

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.