

No. 2
-5-43
-17-39
X38671

FILED FEB 23 1948

Registration District No. _____

Primary Registration District No. 3066

Registrar's No. 176

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
U. S. Marine Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 Carr St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY, James

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Sep.

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

7. Birth date of deceased March 9 1905
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>42</u>	<u>10</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name William Henry

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

14. Maiden name Evelyn Tyler

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

16. (a) Informant U. S. Clinical Records
(b) Address U.S. Marine Hospital, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 1-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cem. Jeff. Barrks Mo.

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) 1-20-48 (b) Carla J. Shapko
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 13,
1948 to January 16, 1948.
that I last saw im alive on 9:30 A.M. Jan. 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrest Duration immediate

Due to _____
Due to _____
30d

Other conditions Mixed tumor of parotid gland 2 yrs
(Include pregnancy within 3 months of death)

Major findings: Mixed tumor of parotid gland
1 Of operations _____

Of autopsy Syphilitic aortitis
Petechiae of heart & lower part of
the floor of 4th. ventricle

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? _____ (b) Means of injury _____

23. Signature David S. Citron (M. D. or other) M.D.
Address U.S. Marine Hospital, Kirkwood, Mo.

Medical Officer in Charge
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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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 Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13. 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.