

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10272
2664
Registrar's No.

FILED MAR 25 1948 318
Registration District No.

Primary Registration District No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community.....
years, months or days)

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. 3954 Cook
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Leroy Henry
 3. (b) If veteran, name war nil
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15
 year 1948 hour 8 minute 5 a M.
 21. I hereby certify that I attended the deceased from
Mar. 9, 1948, to Mar. 15, 1948
 that I last saw him alive on Mar. 15, 1948
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Col.
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maurice Henry
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased: 8 (Month) 4 (Day) 1907 (Year)

Immediate cause of death Uremia
 Duration Undet.
 Due to.....
 Due to.....

8. AGE: Years Months Days If less than one day
40 7 11 hr. min.

Other conditions Nephrosclerosis
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy Yes
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Metropolis Ill.
(City, town, or county) (State or foreign country)
 10. Usual occupation Milkman - Farmer
 11. Industry or business Midwest Auto Co
 12. Name Lille Henry
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant Maurice Henry
 (b) Address 3954 Cook Ave
 17. (a) Burial (b) Date thereof 3-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director J. W. Bruce
 (b) Address 446 9th Washington Ave
 19. (a) MAR 17 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury
 23. Signature Oscar L Daniels (M. D. or other)
 Address 2601 N Whittier Date signed 3/16/48

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.....

.....*Frederick P. Starks*....., Registered Apprentice No. *74*
.....
working under my personal supervision.

Signed.....

Melvin E. Green

Licensed Embalmer No. *4428*

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.