No. 300
—10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 114193

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4137

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: 3655 FLAD AV. 1
(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 6 00
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3655 FLAD AV. 9
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL E. HENRY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ M. 1

6. (b) Name of husband or wife RUTH HENRY

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased AUGUST (Month) 10 (Day) 1889 (Year)

8. AGE: Years 60 ~~58~~ Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation SALESMAN

11. Industry or business

12. Name UNKNOWN HENRY

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

14. Maiden name UNKNOWN UNKNOWN

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

16. (a) Informant Mrs. Ruth Henry
(b) Address 3655 FLAD AV.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof May 3-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Memorial Park

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) MAY 2 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 14, 1948 to April 30, 1948; that I last saw him alive on Apr. 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	acute
Due to Coronary occlusion	acute
Due to Arteriosclerosis	3 years
Other conditions Posterior spinal sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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
(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 Frank L. Catanzaro (M. D. or other) D.C.
Address 5020 Page Blvd Date signed May 1-48

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

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.

State of Mo } ss.
City of St Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 4137
Local Registrar's No.

On this 10 day of May, 1948, before me appears Mrs Ruth Henry, who, upon her oath, states that the original record of ~~birth~~ death for DANIEL E HENRY, ~~born~~ died APR 30, 1948, in the State of Missouri, and which was filed at St Louis on, 1948, should be corrected as follows:

Item No. 7 should read AUG 10, 1887
Instead of AUG 10 1889

Item No. 8 should read 60 yrs
Instead of 58 yrs

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Henry W/F E
Relationship.

3655 Flad
Present Address.

Subscribed and sworn to before me this 10 day of May, 1948.

My Commission expires 12/6/48 Bernard F Valmer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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