

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute Homer Phillips 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 Walter Hency
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased August 8m 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 18 hr. min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Hency
13. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Liza Jane Brenston
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Eunice Wright
(b) Address 1819 Plaza, Alton, Ill.

17. (a) Removal (b) Date thereof 5/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) JAY 28 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-22
(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")
(d) Street No. 3328 rear Delmar
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1948 hour 10 minute 45 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral sclerosis (ischemic)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____
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? _____

While at work? _____ (Specify type of place)
Means of injury 3

23. Signature Patrick E. Taylor, M.D.
Address 1500 Clark Date signed 5-28-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joel Russell

Licensed Embalmer No.....

4112

P. O. Address.....

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.