FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

20957

State File No.

FILED JUL 15 1948

Registration District No. 318

Primary Registration District No.

Registrar's No. 5857

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: City 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)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2922 N. Taylor Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Norman Henley

3. (b) If veteran, name war None

3. (c) Social Security No. 489-12-4998

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helena

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August (Month) 3 (Day) 1870 (Year)

8. AGE: Years ~~78~~ 77 Months ~~8~~ 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Conductor

11. Industry or business Retired

FATHER
12. Name Pinckney C. Henley
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Cochran
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Helena Henley
(b) Address 2922 N. Taylor Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial ParkCem.

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand. Blvd.

19. (a) JUN 30 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull; Subdural Hematoma; when he fell in the bathroom at his home on June 27, 1948, exact time unknown.

Due to ACCIDENT.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence 6-27-1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? no (e) Means of injury See above

23. Signature Thomas F. Collar (M. D. or other)

Address Coroner Date signed 6-30-48

WRITE PLAINLY—USING UNFADING

Jefferson City Printing Co.

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 1102 East Grand

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.