FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24364

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6879

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:
4033A West Florissant Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4033a West Florissant Ave. 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John T. 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 Married

6. (b) Name of husband or wife Mary Henry

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Jan. (Month) 27, (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	6	hr. min

9. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Shoe Worker

11. Industry or business

MOTHER FATHER

12. Name John Henry

13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name Hannah Sullivan

15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Mary Henry

(b) Address 4033a West Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 5 - 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 3rd.
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15th 1946 to Aug. 3rd 1948
that I last saw him alive on July 29th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Pneumonia	3d.
Due to: Chronic interstitial nephritis	5 yr.
Due to: Senile changes	
Other conditions (Include pregnancy within 3 months of death): Spastic paralysis, progressive of long standing	

Major findings:
Of operations None made
Of autopsy None made

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 Joseph Davis (M. D. or other)

Address 1401 Finance Bldg. Date signed 8-3-48.

(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 Tanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Fundell

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.