

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10546  
State File No. 3198

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>17 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2189</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3414 Rutger St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nathaniel</b>			b. (Middle) _____		c. (Last) <b>Henley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 3, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Color</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 15-1905</b>		9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>19</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chipper In Steel Foundry</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Brownsville, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Pounce Henley</b>			13b. MOTHER'S MAIDEN NAME <b>Melle Whitlow</b>		14. NAME OF DECEASED'S WIFE <b>Mattie Henley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-07-6355</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mattie Henley</b>			ADDRESS <b>3414 Rutger</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bacterial Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chlamydia Molluscum</b>					<b>2</b>		
	DUE TO (c) <b>Bauginery of toe</b>					<b>2</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>MA</b>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>260-X</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>4/3</b> , 19 <b>50</b> , to <b>4/3</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4/3</b> , 19 <b>50</b> , and that death occurred at <b>20</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>J. J. Stinson</b>				23b. ADDRESS <b>3136 Chouteau</b>		23c. DATE SIGNED <b>4/4/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 14 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>			
DATE REC'D BY LOCAL REG. <b>ADD 5 1950</b>		REGISTRAR'S SIGNATURE <b>J. J. Stinson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. J. Stinson</b>				
				ADDRESS <b>2769 Chouteau</b>				

**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 \_\_\_\_\_

~~Student Embalmer~~ No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 269

P. O. Address 2769 Charlotte

**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.