

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38608
9354

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4037 ALDINE		d. STREET ADDRESS (If rural, give location) 4037 ALDINE		
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First)	b. (Middle) —	c. (Last) HENRY
4. DATE OF DEATH 11 2 50		(Month) (Day) (Year)		
5. SEX M ✓	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-25-1889	9. AGE (in years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LA.	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME Roselean Essex	14. NAME OF HUSBAND OR WIFE REBECCA HENRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rebecca Henry 4037 Aldine	
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) Atherosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) moderately elevated blood pressure? DUE TO (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Oct. 12, 19-50</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. B. Sauter</u> (Degree or title)		23b. ADDRESS 2746 Franklin	23c. DATE SIGNED 11-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-6-50	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem.	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co. MO	
DATE REC'D BY LOCAL REG. NOV 3 1950		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALTON UNDT. 692707 ST. LOUIS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

John P. Philbird

Licensed Embalmer No. 4221

P. O. Address 4049 St. Ferdinand

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.