

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11004

State File No. \_\_\_\_\_

FILED MAR 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 735

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

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <span style="float: right;">2199</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Halls Ferry Memorial Home</b>		d. STREET ADDRESS (If rural, give location) <b>4204 Westminster</b> <span style="float: right;">1</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) _____ c. (Last) <b>McHenry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 18, 1952</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 12, 1879</b>		9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Musician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Cornelius J. McHenry</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Riedy</b>		14. NAME OF HUSBAND OR WIFE <b>None</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Mary McHenry 4204 Westminster</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This was not mean cause of dying, such as heart failure, asthma, etc. It seems the direct cause or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Atherosclerosis Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>4 yr 00</b>			

19a. DATE OF OPERATION _____		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Feb 16, 1952, to Mar 18, 1952, that I last saw the deceased alive on March 18, 1952, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis Littmann</b> (Degree or title) <b>MD.D</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>		23c. DATE SIGNED <b>3/19/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>5</b>		24b. DATE <b>3-21-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Patricks</b>	
		24d. LOCATION (City, town, or county) (State) <b>Alton, Illinois.</b>			

DATE REC'D BY LOCAL REG. <b>3-19-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donker</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur J. Donnelly 3840 Lindell</b>	
---	--	--	--	---	--

Dr Louis Hellmann  
8231 Clayton Road  
3 to 5. Am

MAR 29 1912

APR 9 1912

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 11004

Local Registrar's No. \_\_\_\_\_

State of Missouri }  
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of April, 1952, before me appears \_\_\_\_\_

Arthur J. Donnelly, who, upon his oath, states that the original record of ~~birth~~ death

for Thomas McHenry, died March 18th, 1952, in the State of

Missouri, and which was filed at Clayton, Mo. on Mar. 20th, 1952, should be corrected as follows:

Item No. eight should read May 12, 1879

Instead of May 12, 1952

Item No. seventeen should read 4204 Westminster

Instead of 5204 Westminster

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur J. Donnelly Undertaker Relationship.

3840 Lindell Blvd.  
Present Address.

Subscribed and sworn to before me this 1<sup>ST</sup> day of April, 1952

My Commission expires November 12, 1954 John E. Corrigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

