

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32540

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2373

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Mary's Hospital</u>		c. CITY OR TOWN <u>Maplewood</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>7658 Flora Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hale</u> b. (Middle) <u>E.</u> c. (Last) <u>Henry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8th 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26th 1908</u>
9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric Co.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicathe, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Henry</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hale</u>	
14. NAME OF HUSBAND OR WIFE <u>Erma Josephine Henry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-07-209</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Erma Henry</u>		ADDRESS <u>Above</u>	
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) <u>Myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Occlusion</u> 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 <u>1 hour</u>			
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 3, 1954</u> , to <u>Oct. 8, 1954</u> , that I last saw the deceased alive on <u>Oct. 8, 1954</u> and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. A. Goodrich, M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>19 E. Lockwood Ave., Webster Groves 19, Mo.</u>	
23c. DATE SIGNED <u>10-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-11-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Glade Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsboro, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/9/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Aonke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith, Maplewood, Mo.</u>		ADDRESS <u>Jay B. Smith, Maplewood, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Ueval Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.