

FILED FEB 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6214
1123

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 9 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1 0 2059		d. STREET ADDRESS (If rural, give location) 933-Beach Place	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Albert c. (Last) Henry			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH May 30, 1892
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick-layer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Princeton, Iowa /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Jerry Henry	
13b. MOTHER'S MAIDEN NAME Nancy Williams		14. NAME OF HUSBAND OR WIFE Sarah Henry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. 493-10-3825	17. INFORMANT'S SIGNATURE OR NAME Sarah Henry 933-Beach St. Louis, Mo.	
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>BILIARY CIRRHOSIS</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) <u>Chronic Cholecystitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 584X	
22. I hereby certify that I attended the deceased from <u>1-23-55</u> , 19 <u>55</u> , to <u>2-4-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-4-55</u> , 19 <u>55</u> , and that death occurred at <u>6:25P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Neil J. Galloway M.D.		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-7-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-8-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) Pattonville, Mo.
DATE REC'D BY LOCAL REG. FEB 7 1955	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. CORONER'S SIGNATURE 2504-Woodson Rd-Overland-14-Mo.	

(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
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. *3450*

P. O. Address *Overland 14, 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.