

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30966**
7673

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 town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5372 Cabanne		e. STREET ADDRESS (If rural, give location) 5 5372 Cabanne			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) Virginia		c. (Last) Henry	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1955					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 10 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-binder		10b. KIND OF BUSINESS OR INDUSTRY Spinner Bros.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME William Hartney		13b. MOTHER'S MAIDEN NAME Mathilda Holm		14. NAME OF HUSBAND OR WIFE Fred J. Henry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 339-20-9720		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Bartlett 5372 Cabanne Ave.	
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) Hypertensive Cardio Vasc. Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myo. Fibrillation DUE TO (c) Cong. Heart Failure 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 443 X			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) m.		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 8/24, 1955 , to 8/30, 1955 , that I last saw the deceased alive on 8/24, 1955 , and that death occurred at 11:15 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert F. Farrell M.D.		23b. ADDRESS 624 N. Union		23c. DATE SIGNED 8/30/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/1/55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. AUG 31 1955		REGISTRAR'S SIGNATURE Chas. F. Stuart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union Bl.	

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 *Melvin J. Kesaye*.....

Licensed Embalmer No. *40*

P. O. Address *3505*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.