

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007403
STATE FILE NUMBER
2 1451

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Homer G. Phillips** Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **4631 Evans** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Ambrose McHenry

4. DATE OF DEATH Month Day Year
1 20 59

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **8-25-1878** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Missouri Pacific R.R.** 11. BIRTHPLACE (City and state or country) **Missouri Louisiana** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Richard McHenry** 13b. MOTHER'S MAIDEN NAME **Millie Gleason** 14. NAME OF HUSBAND OR WIFE **Winnie McHenry**

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. _____ 17. INFORMANT **Thomas McHenry, 26737 Cross Inter, Mich. R.R.L. 2601 Whittier St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Uremia**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Nephrosclerosis**
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH **undet.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Gastrointestinal hemorrhage H.C.V.D.** 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
ITEM 8, 9, 10a, 10b, 11, 14, 23a, 23b, 23c, 23d, 24
BY: T. AFFIDAVIT OF **Funeral Director**
2. DOCUMENT **Methodan Mr. Co. Colley 7115-288217 dated 9-4-59**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1-17-59** to **1-20-59** and last saw ^{him} _{her} alive on **1-20-59**
Death occurred at **9:30 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **A. A. Mason** (Degree or title) **M.D.** 22b. ADDRESS **2601 Whittier Street** 22c. DATE SIGNED **1-23-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **3/6/59** 23c. NAME OF CEMETERY OR CREMATORY **Booker Washington Cem.** 23d. LOCATION (City, town, or county) (State) **Centreville, Ill. Illinois**

24. FUNERAL DIRECTOR **Removal Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo. 2114 Mo. office** 25. DATE RECD. BY LOCAL REG. **FEB 11 '59** 26. REGISTRAR'S SIGNATURE **Carl Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

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MEDICAL CERTIFICATION

728B

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

Licensed Embalmer No.....

P. O. Address.....

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.