URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 0 1960

60-028416
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7618

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 7 weeks

c. CITY OR TOWN St. Ann
Inside Limits: Yes # No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital
Inside Limits: Yes # No ☐

d. STREET ADDRESS (If outside, give location) 3238 St. Joachim Ln.
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print) First James Middle P. Last Henley

4. DATE OF DEATH Month July Day 31, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married # ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2/9/1906

9. AGE (last birthday) 54

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Maintenance

10b. KIND OF BUSINESS OR INDUSTRY Refrigeration

11. BIRTHPLACE (City and state or country) Aniston, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Luther Henley

13b. MOTHER'S MAIDEN NAME Irene Vanderbelt

14. NAME OF HUSBAND OR WIFE Princess Henley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY NO. 494 01 6960

17. INFORMANT Princess Henley Address 3238 St. Joachim

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 1958 July, 1960 and last saw him alive on July 31, 1960.
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Lawton (Degree or title) M.D.

22b. ADDRESS 3400 N. Kingshighway

22c. DATE SIGNED 8-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/3/1960

23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.
ADDRESS

25. DATE RECD. BY LOCAL REG. AUG 1 1960

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sheldon Collier

Signature of Student Embalmer

Licensed Embalmer No. 338

P. O. Address St. Am

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