OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32605
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8659
(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C.8449

2. PRINT FULL NAME John Hensley
(a) Residence, No. 5249 Bonita St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Englemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1863

7. AGE 74 YEARS MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Missouri

FATHER
13. NAME Foster Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Mrs Wieskel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hosp. Info M.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cole Mo DATE Sep 15 1937

19. FUNERAL DIRECTOR (ADDRESS) Paul C. Calcaterra 5142 Daggett

20. FILED SEP 15 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/11/37, 19, to 9/15/37, 19
I last saw him alive on 9/15/37, 19 Death is said to have occurred on the date stated above, at 7.30 a
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis - A Non Calculus	July 1937
Fibrosis of myocardium	?
c hypertension	

93C

Other contributory causes of importance:

Hypertrophy of prostate	?
Cystitis Catarrhal	July 1937

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Thos W. Loomy, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Paul C. Calcaterra, Licensed Embalmer No. 2376

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul C. Calcaterra

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)