DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23888

Registration District No. 791 AUG 11 1939

Primary Registration District No. 1003

Registrar's No. 6161

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4885a Penrose
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4885a Penrose
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles C. Henschen 525

3. (b) If veteran, name war

3. (c) Social Security No. 716-01-9522

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Henschen

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October (Month) 31 (Day) 1887 (Year)

8. AGE: Years 51 Months 8 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Penn. R. R.

FATHER
12. Name William Henschen
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Getting
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Laura Henschen
(b) Address 4885a Penrose

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 13 (Day) 39 (Year)
(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Drehmann & Harral
(b) Address 1905 Union Blvd.

19. (a) JUL 12 1939 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 10 day
year 1939 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 2-11-39 ~~[illegible]~~, 19__, to 7-11-39, 19__;
that I last saw him alive on 7-11-39, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Bantis Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 5074 [illegible] Date signed 7-12-39

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.