

No. 2  
-1-4-41  
5-17-39  
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DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH

State File No. **30269**  
Registrar's No. **7608**

**RECORDED OCT 18 1941**  
**791**

# STANDARD CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

### 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:  
**St. Anthonys Hospital.**  
(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)

3. (a) PRINT FULL NAME **Teresa M. Henssler.**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

4. Sex **Female** / 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Single.**  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **April 12, 1870**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>5</b>	<b>7</b>	hr. .... min.

9. Birthplace **St. Louis.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nurse.**

11. Industry or business.....

MOTHER FATHER {  
 12. Name **Sebastian Henssler.**  
 13. Birthplace **Europe**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Teresa Henlein.**  
 15. Birthplace **Europe**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Pfeiffer.**  
 (b) Address **4847 A HAMMETT PLACE**

17. (a) **Burial.** (b) Date thereof **9-22-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
 (b) Address **3840 Lindell Blvd.**  
 19. (a) **SEP 21 1941** (b) **J. T. Bredack**  
(Date received local registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**  
 (c) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Grand & Chippewa St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country.....

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19th.**  
 year **1941** hour **6.** minute **40** P. M.

21. I hereby certify that I attended the deceased from **5-10**, 1941, to **9-19**, 1941;  
 that I last saw him alive on **9-19**, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Baron's**  
**Intestines to Liver**  
**Liver**  
 Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy **Intestines to Liver**  
**Intestines**

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?.....

While at work?.....  
(Specify type of place) (e) Means of injury.....  
 23. Signature **J. T. Bredack** (M. D. or other)  
 Address **3840 Lindell Blvd.** Date signed **9-20-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17  
9

3320 So Albany  
1-3

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**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Russell

**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 this body is not embalmed, fact should be so stated above.**