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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40338

State File No. \_\_\_\_\_

10088

Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5630 Pershing  
(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. 5630 Pershing  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henshaw

3. (b) If veteran. name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathryn Henshaw 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 12, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 3 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Accountant

11. Industry or business Retired

12. Name Daniel G. Henshaw

13. Birthplace \_\_\_\_\_ Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Schoemaker

15. Birthplace \_\_\_\_\_ Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Henshaw

(b) Address 5630 Pershing

17. (a) Removal (b) Date thereof 12/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 21 1941 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19  
year 1941 hour 8.40 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 1, 1938 to December 19, 1941.  
that I last saw him alive on December 19, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Pulmonary infarction 2 days  
Due to Embolism from femoral thrombus 2 days  
Pulmonary emphysema and 5 yrs.  
Due to Chronic bronchitis 5 yrs.  
Other conditions Chronic cor pulmonale 1 yr.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Truman G. Skate (M. D. or other) \_\_\_\_\_  
Address 117 N. Taylor Ave. Date signed 12-20-41

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

20  
17  
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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.....

*Henry Eymck*

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo.*

**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.**