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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28169

FILED SEP 8 1942

Registration District No. 7844 Primary Registration District No. 200 Registrar's No. 1835

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Pine Crest Nursing Home (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 ~~3225 Montg~~ Mo. (b) County 000 17

(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No).

If yes, name country 1

3. (a) PRINT FULL NAME MARVEN HENDERSON

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 9

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

7. Birth date of deceased 6 - 14 - 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Pine Crest Nursing Home

(b) Address Ballwin Mo

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 8-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Kuhlen

(b) Address 3500 Rutgers

19. (a) SEP - 2 1942 (Date received local registrar) (b) C. McGanan Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1942 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from May 29th 1942, to Aug 7th 1942 that I last saw him alive on Aug 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

Other conditions Arterio-Sclerosis (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 R. W. Jansen D (M. D. or [illegible])

Address Manchester Mo Date signed 8/8/42

1101

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood

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.