

8. No. 2
1-542
5-17-39
X32873

FILED DEC 10 1942

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 2381

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 527 Lyman Pl.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlotte Kensingler
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 12
year 1942 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11-2-42
to 11-12-42
that I last saw her alive on 11-12-42
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Howard Kensingler 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: June 29 1868
(Month) (Day) (Year)

Immediate cause of death Extreme malnutrition & dehydration Duration 3 months?

8. AGE: Years 74 Months 4 Days 14 If less than one day hr. min.

Due to _____
Due to 93d

9. Birthplace Jersey City N.J.
(City, town, or county) (State or foreign country)

Other conditions Anterior osteitis, Head & Neck Glands?
(Include pregnancy within 3 months of death)
Anterior osteitis gangrene left foot

10. Usual occupation none home

Major findings: Of operations _____

11. Industry or business _____
12. Name Unknown O'Connor
13. Birthplace unk. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Steele
15. Birthplace Unk. Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Robert Kley
(b) Address 527 Lyman Pl.
17. (a) _____ (b) Date thereof 11-1-42
(Burial, cremation or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation OAK Hill
18. (a) Signature of funeral director Mitchellburg
(b) Address Webster Groves
19. (a) NOV 14 1942 (b) E. G. McFarlan
(Date received local Registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. G. McFarlan (M. D. or other) M.D.
Address St. Louis County Hosp. Date signed 11-13-42

DEC 22 1942

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 with the above constitutes grounds for revocation of license.)

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

10. Usual occupation At home
11. Industry or business
- FATHER { 12. Name ? O'Connor
13. Birthplace ? Ireland
(City, town, or county) (State or foreign country)
- MOTHER { 14. Maiden name Steele
15. Birthplace ? Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert Klein
- (b) Address 527 Lyman Place
17. (a) Burial (b) Date thereof Nov. 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Mittling Funeral Home
- (b) Address Webster Groves Mo.
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

(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.

5-38062

Signed.....

J. S. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *City*

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.