S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19682

Registration District No. LED JUN 30 1943 18

Primary Registration District No. 1003

Registrar's No. 5665

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2633 a Park Ave. /
(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 000 17 2

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 2633 a Park Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Mollie Henson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Benjamin

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

7. Birth date of deceased December (Month) 15 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Paris (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name James Harrington
13. Birthplace Unknown (City, town, or county) New York (State or foreign country) /

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

16. (a) Informant Claude Henson
(b) Address 2633 a Park Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd

19. (a) JUN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 2:01 minute P. M.

21. I hereby certify that I attended the deceased from 1938 to 1943, 19, to 1943, 19
that I last saw her alive on June 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocarditis
Arteriosclerosis

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration 6 yrs

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) no.
(b) Date of occurrence None.
(c) Where did injury occur? None. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none. (Specify type of place)
While at work? no (e) Means of injury none

23. Signature T. A. O'Brien M.D. (M.D. or other)
Address 1657 South Grand Ave. 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.

Signed Albert W. Wappe

Licensed Embalmer No. 1861

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.