

FILED FEB 13 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 390

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 Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo 5 days
(Specify whether
In this community Yes H
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski 8/5

(c) City or town Richland 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME George W. Henson

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
year 1945 hour 9 minute 30 P.M.

4. Sex M 0 5. Color or race W

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

6. (b) Name of husband or wife Laura Henson

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

7. Birth date of deceased Jan 9, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 1, 1944 to Feb 7, 1945
that I last saw him alive on Feb. 7, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death chronic myocarditis

Due to senility

Due to _____

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

9. Birthplace Richland Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy 93d

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

11. Industry or business _____

MOTHER FATHER { 12. Name John H. Henson

{ 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Margaret Land

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant P James Henson mes

(b) Address 2712 1/2 Str. Vincent Ave.

17. (a) Burial (b) Date thereof 2-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Missouri

18. (c) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 9 1945 (b) E. J. McQuinn M.D. Registrar's signature Ballwin, Mo. Date signed 2-8-45
(Date received local registration) (City or town) (State)

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 _____

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

16
00

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 J. Hoffa*.....

Licensed Embalmer No. *297A*.....

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.