V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7811

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2862

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

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: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 40 Years In St Louis
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis
(If outside city or town limits, write "RURAL") 27

(d) Street No. 1855 Menard St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susie Hensel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife PETER HENSEL

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

7. Birth date of deceased About 1879 (Month) (Day) (Year)

8. AGE: Years About 65 | Months — | Days — | If less than one day hr. min.

9. Birthplace HUNGARY (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name Nick Lambing
13. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

16. (a) Informant Joseph Hensel

(b) Address 5055 Alaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 31/45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Ave.

19. (a) MAR 30 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1945 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from 3/10/45, 19, to 3/29/45, 19; that I last saw her alive on 3/29/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Cerebral vascular accident

Due to General paresis

Due to

Other conditions (Include pregnancy within 3 months of death) 30

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ellis S. Lipsitz (M. D. or other)

Address 1515 Lafayette 3/29/45 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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 2906 Glasgow ave

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.