S. No. 2
M—2-43
. 5-17-39
F 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38498

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2689

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: 7500 Carondelet Ave 1 (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 Mo (b) County Franklin

(c) City or town Union (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 Mary F. Hensler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 4

6. (b) Name of husband or wife John Hensler

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

7. Birth date of deceased Feb (Month) 22 (Day) 1861 (Year)

8. AGE: Years 84 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

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

MOTHER
14. Maiden name Lucie Hauchous
15. Birthplace unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant David Godeau 1

(b) Address 7500 Carondelet

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 - 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Ammacutale Conception

18. (a) Signature of funeral director Louis H. Bapp Inc

(b) Address Bukwood Mo

19. (a) 11-27-45 (Date received local registrar) (b) E.B. McGovern M.D. (Registrar's signature) 236

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25 year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 12 1945 to Nov 25 1945 that I last saw her alive on Nov. 16 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension 83	years
Due to Arteriosclerosis	years
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 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 Robert L. Meader M.D. or other DO

Address Clayton, Mo Date signed 11-26-45

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood MO

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.