

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1948

Primary Registration District No. 1003

Registrar's No. 685

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3506 Morganford
(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.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3506 Morganford
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME

Sarah Henshaw

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex

female

5. Color or race

White

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

widowed

6. (b) Name of husband or wife

Cyrus W. Henshaw

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

..... years

7. Birth date of deceased

Sept. 25, 1854

(Month) (Day) (Year)

8. AGE:

Years

91

Months

3

Days

24

If less than one day

hr. min.

9. Birthplace

St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

John Kendall

13. Birthplace

not known

(City, town, or county)

England

(State or foreign country)

14. Maiden name

Not known

15. Birthplace

Not known

(City, town, or county)

England

(State or foreign country)

16. (a) Informant

Mary Henshaw

(b) Address

3506 Morganford

17. (a)

burial

(Burial, cremation, or removal)

(b) Date thereof

1/23/48

(Month) (Day) (Year)

(c) Place: burial or cremation

Old Picker Cem.

18. (a) Signature of funeral director

J L Ziegenhein & Sons

(b) Address

7027 Gravois

19. (a)

JAN 22 1948

(Date received local registrar)

J. F. Bedeck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month Jan day 19

year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 12 to Jan 19, 1946

that I last saw her alive on Jan 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Endocarditis 2 mos + Cardiac Asthenia

Due to

Atherosclerosis of Arteries 10 yrs

Due to

Old age

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

2 mos

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?

While at work?.....

(Specify type of place) (e) Means of injury.....

23. Signature Walter P. Eidman M.D. (Physician's signature)
 Address 3176 Morganford Date signed Jan 21 48

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

2593

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... *Sheldon Collier*

Licensed Embalmer No... *3382*

P. O. Address... *7027 Travis*

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.