

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

33  
36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 7 1947

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42485

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11268**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
3900 Kennerly 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

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 1117

(d) Street No. 3900 Kennerly Ave.  
(If rural, give location) 9

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarinda Schlie Henson

3. (b) If veteran, name war None

3. (c) Social Security No. 499-01-5029

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 28, 1897  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	2	hr. _____ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Benjamin Westenberger

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa A. Merten

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard Schlie

(b) Address 3900 Kennerly Ave.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 1/2/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2117 E. Grand Ave.

19. (a) DEC 31 1946  
(Date received local registrar)

(b) J. J. Brueck  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1947 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Sept 14  
46 to Dec 30, 1946

that I last saw her alive on Dec 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cervix with metastases to bladder & pelvis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Same as city hosp.

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? 0 (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature B. H. Killeen (M. D. or other) \_\_\_\_\_

Address 3121 Grand Date signed 12/30/46

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**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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Ho*

**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.**