

FILED OCT 23 1948

318

Primary Registration District No.

1003

Registrar's No.

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: En route to St. L. City Hosp. #1. Max C. Starkloff Mem
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes
Life (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME JUDITH MARIE HENSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S U
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 3, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 8 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Edward L. Henson
13. Birthplace Fredericktown, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bernice Tice
15. Birthplace Purcell, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernice Henson
(b) Address 1522 So. 3rd Street

17. (a) burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) OCT 13 1948 (b) J. B. Lanster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1522 South Third Street
23 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1948 hour 8:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Vegetative Endocarditis; Hypertrophied heart.

Due to _____
Due to _____

Other conditions 157
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature J. B. Lanster (M. D. or other) _____
Address 10 Date signed 10-13-48

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

MOTHER FATHER

1932

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..... *A. S. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.