

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7144**
Registrar's No. **471**

FILED MAR 8 1950

BIRTH NO. _____ REG. DIST. NO. **817** PRIMARY REG. DIST. NO. **6076**

No. 300
10-48
0004
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home		d. STREET ADDRESS (If rural, give location) 143 Slocum Ave	
3. NAME OF DECEASED (Type or Print) a. (First) James William b. (Middle) Henson c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2 22 1950
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-30-1863
9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 18 HRS. Hours Min. 	11. BIRTHPLACE (State or foreign country) Pulaski County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery Salesman		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Robert Henson		13b. MOTHER'S MAIDEN NAME Sarah Jane Davis	14. NAME OF HUSBAND OR WIFE Mary Ellen Henson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME C.B. DAVIS ADDRESS 160 Slocum Ave., W.G.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Interstitial Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Arteriosclerosis	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION No	20. AUTOPSY? 590X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov/21 1949 , to Feb. 22, 1950 , that I last saw the deceased alive on Feb. 20, 1950 , and that death occurred at 8:00 P m. , from the causes and on the date stated above.			
23a. SIGNATURE M. H. Walter, M.D. (Name and title)		23b. ADDRESS 3608 S. Grand Blvd.	23c. DATE SIGNED 2/23/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-24-1950	24c. NAME OF CEMETERY OR CREMATORY St. Lucas	24d. LOCATION (City, town, or county) (State) Sappington, 23. Mo.
DATE REC'D BY LOCAL FEB 23 1950	REGISTRAR'S SIGNATURE Berbert A. Dombke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME, INC ADDRESS WEBSTER GROVES, MO.	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Elmer R. Sadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P.-O. Address.....

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.