

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24855
 State File No. 5986

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1009		Registrar's No. 5986	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 5330 Pershing				d. STREET ADDRESS (If rural, give location) 5330 Pershing			
3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Rilla c. (Last) Henshaw			4. DATE OF DEATH (Month) (Day) (Year) July 10 1950				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 16, 1887		9. AGE (In years last birthday) 68 <small>IF UNDER 1 YEAR: Months _____ Days _____</small> <small>IF UNDER 6 HRS.: Hours _____ Min. _____</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Sales		10b. KIND OF BUSINESS OR INDUSTRY Edw D Jones & Co		11. BIRTHPLACE (State or foreign country) Dwight Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Gilbert Henshaw			13b. MOTHER'S MAIDEN NAME Olive Shoemaker		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs W W Culbertson		ADDRESS 244 Tashland	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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.					INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O			
22. I hereby certify that I attended the deceased from June 30, 1950 , to July 10, 1950 , that I last saw the deceased alive on July 10, 1950 , and that death occurred at 9:22 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Lewis Littmann M.D. (Degree or title)				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 7/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Louisiana Cem.		24d. LOCATION (City, town, or county) (State) Louisiana Mo	
DATE REC'D BY LOCAL REG. JUL 12 1950		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons ADDRESS 6175 Delmar			

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

Dr. Littman
8731 Clayton
Pa 0202

2865

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.....
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Piller*

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.