

FILED SEP 9 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28277

7445

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Frankley</b>		<b>1940</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location)				<b>1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vesta</b>			b. (Middle) <b>May</b>		c. (Last) <b>Henson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 30, 1950</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct. 23, 1885</b>		9. AGE (in years last birthday) <b>64</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 60 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Hopewell, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>William Glore</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Farmer</b>			14. NAME OF HUSBAND OR WIFE <b>William</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Beulah Whaley</b>					ADDRESS <b>3123 Shenandoah</b>	
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) <b>Purulent Bronchiectasis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>About 5 yrs</b>		
		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. <b>Cerebrovascular accident</b>						<b>18 hours?</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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? <b>526X</b>						
22. I hereby certify that I attended the deceased from <b>May 21, 1945</b> , to <b>Aug. 30, 1950</b> , that I last saw the deceased alive on <b>8/30, 1950</b> , and that death occurred at <b>9:20 p.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>A. J. Steiner</b>				23b. ADDRESS <b>MD 634 N. Grand</b>		23c. DATE SIGNED <b>8/31/50</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-31-50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Frankley, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>AUG 31 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Fosater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>				ADDRESS <b>4700 Washington Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1950

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.....

*Robert M Murray*

.....  
Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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.