

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34912

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 8266

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 2239

d. FULL NAME OF HOSPITAL OR INSTITUTION. MISSOURI BAPTIST d. STREET ADDRESS (If rural, give location) 1939 SENATE

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALICE c. (Last) HENSLEY 4. DATE OF DEATH (Month) (Day) (Year) SEPT-29-50

5. SEX FE 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 8. DATE OF BIRTH Nov-19-1932 9. AGE (In years last birthday) 18 YRS If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10b. KIND OF BUSINESS OR INDUSTRY U.B. Trust Co 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FLOYD HENSLEY 13b. MOTHER'S MAIDEN NAME PAULINE HARRIS 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Hensley 1939 Senate

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia heart disease INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H16X

22. I hereby certify that I attended the deceased from July 6, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. T. Merkin M.P.O. 23b. ADDRESS 3707 Polona 23c. DATE SIGNED 9-30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Oct. 2-50 24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. OCT 1 1950 REGISTRAR'S SIGNATURE J. J. Rosalie 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schum 3125 Lafayette St

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

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

Joseph B. Volmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 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.