

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 6190

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1137

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) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 768 Hamilton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmen Desloge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) B. c. (Last) Henderson		4. DATE OF DEATH (Month) (Day) (Year) 2-3-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1904
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Tavern	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Anna Affolter (Wallace)	14. NAME OF HUSBAND OR WIFE Roseanna Herzog
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roseanna Henderson	ADDRESS 768 Hamilton
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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		INTERVAL BETWEEN ONSET AND DEATH 30 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis		
	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	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo.
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? Fall

22. I hereby certify that I attended the deceased from 2-2-51 to 2-3-51, 19\_\_\_\_, that I last saw the deceased alive on 2-3-51, 19\_\_\_\_, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE Albert H. Hoppe	(Degree or title) M.D.	23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.	23c. DATE SIGNED 2-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-51	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. FEB 5 1951	REGISTRAR'S SIGNATURE B. Pascoe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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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.....

<sup>2</sup> Robert M Murray

Signed.....  
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.