

FILED MAY -24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18879

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2206

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (in this place) 5 mo.	c. CITY (If outside corporate limits, write RURAL and give township) Jennings		413 P
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. MARINE HOSPITAL			d. STREET ADDRESS (If rural, give location) 5508 Reineke		
3. NAME OF DECEASED (Type or Print) Tolbert		a. (First)	b. (Middle)	c. (Last) Henson	4. DATE OF DEATH (Month) (Day) (Year) May 15 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 22, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME William Henson		13b. MOTHER'S MAIDEN NAME Minerva Jennings		14. NAME OF HUSBAND OR WIFE Louise Henson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Clinical Records of U.S. Marine Hospital, Kirkwood, Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency				INTERVAL BETWEEN ONSET AND DEATH 2 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sinus Tachycardia Arteriosclerotic heart disease				2 da unknown
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis of lung Laennec's cirrhosis				over 3½ yrs unknown
19a. DATE OF OPERATION 1-31-51	19b. MAJOR FINDINGS OF OPERATION Prostatectomy, suprapubic				
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) X	(COUNTY)	(STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X			
22. I hereby certify that I attended the deceased from Dec. 14, 1950 , to May 15, 1951 , that I last saw the deceased alive on May 15, 1951 , and that death occurred at 7:10 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. H. Stimson, Sr. Surg. USPHS			23b. ADDRESS U.S. Marine Hospital, Kirkwood, Mo		23c. DATE SIGNED 5-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-17-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Perryville, Mo.		
DATE REC'D BY LOCAL REG. 5-16-51	REGISTRAR'S SIGNATURE Herbert R. Stimson, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		
			ADDRESS 4700 Washington Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed G. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 35751

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.