

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28328**

FILED SEP 7 1951

BIRTH NO. REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7296**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Kirkwood 4673	
c. LENGTH OF STAY (In this place) 16 days		d. STREET ADDRESS (If rural, give location) 1905 Westview 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED a. (First) Lula b. (Middle) Mandora c. (Last) Henson			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 16, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 8 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iron County, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? America					

13a. FATHER'S NAME LARRY LOVE LACE	13b. MOTHER'S MAIDEN NAME MELESSIA SINKLER	14. NAME OF HUSBAND OR WIFE Benjamin F. Henson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Inez Bverly ADDRESS Kirkwood 22, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 yrs (?)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? 443X

22. I hereby certify that I attended the deceased from **Sept 1, 1951**, to **Aug 14, 1951**, that I last saw the deceased alive on **Aug 14, 1951** and that death occurred at **10:28 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. W. Gebirski MD (Degree or title)	23b. ADDRESS 3701 Grand St	23c. DATE SIGNED 8/15/51
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8/18/51	24c. NAME OF CEMETERY OR CREMATORY Henson Cemetery	24d. LOCATION (City, town, or county) (State) Hubert Mo.
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DATE REC'D BY LOCAL AUG 16 1951	REGISTRAR'S SIGNATURE Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger ADDRESS Kirkwood 22, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7296

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 *William H. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, 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.