

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40493

State File No. ....

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY <u>Vernon 1080</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Twp.</u>		c. LENGTH OF STAY (In this place) <u>20-0-10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>		2009	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 3</u>				d. STREET ADDRESS (If rural, give location) <u>city Sanitarium 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u>		b. (Middle) _____		c. (Last) <u>Henne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 31 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 5-1881</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>5</u>		IF UNDER 11 HRS. Hours <u>25</u> Min. <u>18</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver E. Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Athey</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Henne</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hosp 3 Nevada Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paralysis of the Brain</u> ANTECEDENT CAUSES _____ Morbidity 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. _____ INTERVAL BETWEEN ONSET AND DEATH <u>21 1/2 years</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>025X</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>April</u> , 1951, to <u>Oct 31</u> , 1951, that I last saw the deceased alive on <u>Oct 31</u> , 1951, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George Wheelwright Nelson M.D.</u>				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>10-31-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-3-1951</u>		REGISTRAR'S SIGNATURE <u>Arma E. Fry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erskine Funeral Home</u>		ADDRESS <u>Nevada Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield  
RECEIVED NOV 5 1951  
Dist. File 1151-2005  
Date Filed 11-15-51

STATEMENT BY LICENSED EMBALMER

*not-*

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.....  
Student Embalmer

Signed *Mary Eicheiger*  
Licensed Embalmer No. *2656*

P. O. Address *Newada, 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.