.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10077

BIRTH NO. FILED MAR 24 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2089

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1. PLACE OF DEATH
a. COUNTY St. Louis, Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) Life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Children's 18

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2189
d. STREET ADDRESS (If rural, give location) 15 S. Spring

3. NAME OF DECEASED (Type or Print)
a. (First) Donnie b. (Middle) James c. (Last) Henson

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) '52

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 6-20-50
9. AGE (In years last birthday) 1 — If under 1 year: Months 7 Days 8 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Henson
13b. MOTHER'S MAIDEN NAME Loraine Neighbors
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME Amorgenthaler — ADDRESS 500 S. Kingshighway

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute laryngotracheobronchitis — INTERVAL BETWEEN ONSET AND 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.

O.K. Joseph M. Quinn Deputy Coroner 3/4/52

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 500 X

22. *I hereby certify that I attended the deceased from* Feb. 28, 1952, *to* Feb. 28, 1952, *that I last saw the deceased alive on* Feb. 28, 1952, *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don L. Thurston M.D.
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED 2-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-2-52
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Newburg, Missouri

DATE REC'D BY LOCAL REG. MAR 4 1952
REGISTRAR'S SIGNATURE J. Carl Smith M.D. M.B.
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 Guy W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.