

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11062

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI d. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD		c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD	
c. LENGTH OF STAY (in this place) 5 YRS		4. STREET ADDRESS (If rural, give location) 7319 RICHMOND	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7319 RICHMOND-MAPLEWOOD		0	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle) M	c. (Last) HENSCHEN	4. DATE OF DEATH (Month) (Day) (Year) 1 28 52
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 7-8-1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 6 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) RETIRED HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JACOB F. CHARISTEN	13b. MOTHER'S MAIDEN NAME MARGARET SCHAFFERT	14. NAME OF HUSBAND OR WIFE ANDREW HENSCHEN
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS IDA E. HENDERSON, 528 BROSS, LONGMONT, COLO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Diabetes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
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 None	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)
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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?
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22. I hereby certify that I attended the deceased from **6-13-50**, 19___, to **1-27-52**, 19___, that I last saw the deceased alive on **1-27-52**, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE Brun M Bury (Degree or title) D.O.	23b. ADDRESS 139 N. Meramec, Clayton 5, Mo.	23c. DATE SIGNED 1-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-30-52	24c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. 1-27-52	REGISTRAR'S SIGNATURE Herbert R. Donk	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH FUNERAL HOME, 2456 MANCHESTER - MAPLEWOOD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

5c

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.