

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14366

State File No. 3375

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
TOWN ST. LOUIS, MISSOURI

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis 2259

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1

d. STREET ADDRESS (If rural, give location)
25 615 Walnut

3. NAME OF DECEASED
a. (First) CHARLES
b. (Middle)
c. (Last) HENSLEY

4. DATE OF DEATH (Month) (Day) (Year)
APRIL 5, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH June 5, 1892

9. AGE (In years last birthday) 59
UNDER 1 YEAR Months
UNDER 2 WKS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Odd jobs

10b. KIND OF BUSINESS OR INDUSTRY
Odd jobs

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Ervin

13b. MOTHER'S MAIDEN NAME
Missouri Carmack

14. NAME OF HUSBAND OR WIFE
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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)
Unknown

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Hospital Record

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumococcal meningitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumococcal mastoiditis
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
2 days
unknown

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
3.9' 3/2

22. I hereby certify that I attended the deceased from 4-4-52, 19, to 4-5-52, 19, that I last saw the deceased alive on 4-5-52, 19, and that death occurred at 1:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Andrew J. Hulme

23b. ADDRESS
1515 Lafayette Avenue

23c. DATE SIGNED
4-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE
4-30-52

24c. NAME OF CEMETERY OR CREMATORY
Anatomical Board

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG. APR 10 1952
REGISTRAR'S SIGNATURE
J. Carl Smith MD
m/B

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Rowland Mortuary Service

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.