

FILED DEC 6 1952
 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3049**

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

| | | | |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights | | c. CITY (If outside corporate limits, write RURAL and give township) Newburg 0810 | |
| c. LENGTH OF STAY (In this place) 3 days | | d. STREET ADDRESS (If rural, give location) RURAL | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Connie b. (Middle) Rue c. (Last) Henson | | 4. DATE OF DEATH (Month) (Day) (Year) 11-25-52 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, -WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Aug. 23, 1948 |
| 9. AGE (In years last birthday) 4 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 11. BIRTHPLACE (State or foreign country) Newburg, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Raymond Henson | | 13b. MOTHER'S MAIDEN NAME Lorene Neighbors | 14. NAME OF HUSBAND OR WIFE None |
| 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 ADDRESS Lorene Henson, Newburg, Mo. |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) rupture of alveoli & spontaneous emphysema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anesthetic accident DUE TO (c) anesthesia preparatory to cleft palate surgery 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cleft palate cardiac massage | |
| 19a. DATE OF OPERATION 11-25-52 | | 19b. MAJOR FINDINGS OF OPERATION cardiac massage - ineffective results | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Operating Room | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Phelps Mo. |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-25-52 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? while endotracheal intubation being carried |
| 22. I hereby certify that I attended the deceased from 11-23, 1952 , to 11-23, 1952 that I last saw the deceased alive on 11-25, 1952 , and that death occurred at 11:30a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Patricia Brennan M.D. | | 23b. ADDRESS St. Mary's Hospital | 23c. DATE SIGNED 11-25-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11-26-52 | 24c. NAME OF CEMETERY OR CREMATORY Newburg, Mo. |
| 24d. LOCATION (City, town, or county) (State) Newburg, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd. | |
| DATE REC'D BY LOCAL REG. 11-26-52 | | REGISTRAR'S SIGNATURE Herbert R. Donks MD | |

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.....
Student Embalmer

Signed Elton R. Rumbles

Licensed Embalmer No. 4283

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.