

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3341

State File No.

0301

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Conv. Home				d. STREET ADDRESS (If rural, give location) 6352 Clayton Road					
3. NAME OF DECEASED (Type or Print)		a. (First) LEE		b. (Middle) LEWIS		c. (Last) KENSINGER 2		4. DATE OF DEATH (Month) (Day) (Year) 1 9 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 12/15/1866		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Supt. Terminals Retirement			10b. KIND OF BUSINESS OR INDUSTRY Mo-Pac R.R.			11. BIRTHPLACE (State or foreign country) Covington Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alvah Kensinger			13b. MOTHER'S MAIDEN NAME Camilla Watson			14. NAME OF HUSBAND OR WIFE Grace Kilcoyne Dec;d 1894			
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. No		17. INFORMANT'S SIGNATURE OR NAME W. C. Jones					ADDRESS 6352 Clayton Road
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility							
		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 _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from Oct , 19 40 , to 1/9/53 , 19____, that I last saw the deceased alive on 1/9/53 , 19____, and that death occurred at 2.15 Am. , from the causes and on the date stated above.									
23a. SIGNATURE S. R. Sheridan				(Degree or title) M. D.		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 1/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/13/53	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri				
DATE REC'D BY LOCAL REG. JAN 12 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Ambryster Mortuary				ADDRESS 6633 Clayton Road

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ernest W. Spillars

Licensed Embalmer No. *14080*

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.