

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11688

FILED APR 10 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3310

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u> | c. LENGTH OF STAY (In this place) <u>9 Days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greendale (Normandy)</u> <u>4180</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2248 Colfax Drive, 21,</u> <u>1</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DWIGHT</u> | b. (Middle) <u>I.</u> | c. (Last) <u>HENDERSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 25th, 1953</u> |
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|-----------------------|----------------------------------|--|--|--|--------------------------------|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 16th, 1919</u> | 9. AGE (In years last birthday) <u>33</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Research Glass Blower</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Monsanto Chemical Co.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Boice H. Henderson</u> | 13b. MOTHER'S MAIDEN NAME <u>Vera E. Freeman</u> | 14. NAME OF HUSBAND OR WIFE <u>Jane C. Henderson nee Dick</u> |
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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) <u>Yes</u> <u>World War # 2</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Jane C. Henderson, 2248 Colfax Drive, (21)</u> | ADDRESS |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHOLECYSTITIS & CHOLELITHIASIS</u> DUE TO (c) <u>WITH INTORRY TO COMMON DUCT</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>3/20/1953</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis & cholecystitis abdominal atherosclerosis</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>584X</u> |
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22. I hereby certify that I attended the deceased from 3-5, 1953, to 3-25, 1953, that I last saw the deceased alive on 3-25, 1953, and that death occurred at 5:30P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>George P. ... M.D.</u> | 23b. ADDRESS <u>812 Olive St. St. L.</u> | 23c. DATE SIGNED <u>3-26-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3/28/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |
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| DATE REC'D BY LOCAL <u>MAR 28 1953</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u> | ADDRESS |
|---|--|---|---------|

WRITE PLAINLY—USING UNFAADING 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 John A. M... ..

Licensed Embalmer No. 4186

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.