

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11694**  
**3385**

**318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4033a W. Florissant Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<b>Mary</b>		<b>A.</b>		<b>Henry</b>	
4. DATE OF DEATH (Month) (Day) (Year)		<b>March 28, 1953</b>					
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
<b>F.</b>	<b>W.</b>	<b>W.</b>		<b>Mar. 8, 1869</b>		<b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<b>At Home</b>				<b>St. Louis, Mo.</b>		<b>U.S.</b>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
<b>George Lenhart</b>			<b>Unknown</b>			<b>Mr. John Henry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<b>no</b>		<b>none</b>		<b>Mrs. Nora A. Schlueter, 4525 N. Kingshighway</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Chronic Myocarditis</b>					
ANTECEDENT CAUSES		DUE TO (b)					
Mild conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>Fracture of neck of right femur</b>					
DUE TO (c)		<b>fallen home</b>					
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"/>	
<b>3/19/53</b>		<b>fractured hip ooo</b>					
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)			
<b>Accident</b>		<b>home</b>		<b>St. Louis City, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<b>March 17 1953</b>				<b>Fallen home</b>		<b>E904D</b>	
22. I hereby certify that I attended the deceased from <b>3/18</b> , 19 <b>53</b> , to <b>3/28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3/28</b> , 19 <b>53</b> , and that death occurred at <b>1:30 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Walter P. Brant</b> (Degree or title)				23b. ADDRESS <b>3720 Washington Blvd</b>		23c. DATE SIGNED <b>3/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>Mar. 31, 1953</b>		<b>Calvary Cemetery</b>		<b>St. Louis, Mo.</b>	
DATE RECD BY LOCAL REG. <b>MAR 30 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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

*Francis Williamson*

Licensed Embalmer No. 3565

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.