

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26472

FILED JUL 31 1953

State File No. \_\_\_\_\_

BIRTH NO. 32170 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6041

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>2339 1105 Souldard</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>HENSLEY</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>MAY 20, 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>May 20, 1953</u>	<b>9. AGE</b> (In years) (last birthday) _____ IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. <u>10</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					
<b>13a. FATHER'S NAME</b> <u>Charles</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Harris</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital Record</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Premature Birth</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
<b>18. II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 min</u>			
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>776x</u>	
<b>22. I hereby certify that I attended the deceased from <u>5-20-53</u>, 19<u>53</u>, to <u>5-20-53</u>, 19<u>53</u>, that I last saw the deceased alive on <u>5-20-53</u>, 19<u>53</u>, and that death occurred at <u>7:20 P.M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) <u>Marcel E. Lemere M.D.</u>			<b>23b. ADDRESS</b> <u>1515 Lafayette Avenue</u>		
<b>23c. DATE SIGNED</b> <u>5-21-53</u>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>6:30-53</u>		<b>24b. DATE</b> <u>6:30-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Anatomical Board</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>					
<b>DATE REC'D BY LOCAL REG.</b> <u>JUN 17 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Rowland 4404 Manchester</u>	
<b>ADDRESS</b> _____					

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.