

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37258  
9760

FILED OCT 23 1953

318

1003

State File No. ....  
Registrar's No. ....

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). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis.</u>		c. LENGTH OF STAY (In this place) <u>2y, 8m, 28d.</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Hennington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1953</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Unknown</u>			
9. AGE (In years last birthday) <u>Abt 53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Hattie Drane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Crutcher</u> ADDRESS <u>5160 Maple Ave.,</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Cerebral hues</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>026X</u>					
22. I hereby certify that I attended the deceased from <u>Jan. 11, 1951</u> , to <u>Oct. 9, 1953</u> , that I last saw the deceased alive on <u>Oct. 9, 1953</u> , and that death occurred at <u>11:35 a.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Palmer Marcus Rowlich M.D.</u>				23b. ADDRESS <u>5800 Arsenal St.</u>		23c. DATE SIGNED <u>10-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>			
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sneed Funeral Home</u>		ADDRESS <u>3615 Easton Ave.,</u>			
OCT 13 1953									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....  
Signature of Student Embalmer

Signed *Leroy U. Cannon*.....

Licensed Embalmer No.....

P. O. Address..... 3880 E

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.