

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40590

FILED DEC 14 1953

State File No. 40590

REG. DIST. NO. 318

1003

Registrar's No. 11562

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri.		b. COUNTY 2179			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4021a Lafayette Ave.		e. STREET ADDRESS (If rural, give location) 4021a Lafayette Ave.					
3. NAME OF DECEASED (Type or Print) Jennie		a. (First)		b. (Middle) Henry			
c. (Last)		4. DATE OF DEATH Dec. 6, 1953.		5. DATE (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Jan. 25, 1871.		9. AGE (In years last birthday) 81.		10. YOUNG IN MEX. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Woodlandville, Missouri.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Young		13b. MOTHER'S MAIDEN NAME Zerelda Challis			
14. NAME OF HUSBAND OR WIFE Marcellus Henry.		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. None			
17. INFORMANT'S SIGNATURE OR NAME Margaret Henry		ADDRESS 4021a Lafayette Ave.					
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) auricular fibrillation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease. DUE TO (c) 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? 4200		22. I hereby certify that I attended the deceased from Nov. 15, 1953 , to Dec. 6, 1953 , that I last saw the deceased alive on Dec. 6, 1953 , and that death occurred at 2:00 AM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. F. Bergman M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12/7/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-6-53		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery			
24d. LOCATION (City, town, or county) (State) Columbia, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington.			

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.....
Signature of Student Embalmer

Signed *John S. Penne*
Licensed Embalmer No. *4197*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.