No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41544

BIRTH NO. FILED DEC 10 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 3050

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY ~~Overland~~ St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland
c. LENGTH OF STAY (In this place) 14 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Overland Restorium 10460 Thorpe Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland 423X
d. STREET ADDRESS (If rural, give location) 10460 Thorpe

3. NAME OF DECEASED (Type or Print)
a. (First) Susie
b. (Middle) M.
c. (Last) Hensel

4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 10, 1883
9. AGE (In years last birthday) 70 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles A. Hensel
13b. MOTHER'S MAIDEN NAME Mary Fendrick
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mildred Mathewson, 4907 W. Pine — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardo Vascular Disease — years
DUE TO (c) Senile — years

11. 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 — 4221
20. AUTOPSY? YES ☐ NO ☑

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) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Nov. 15, 1953, *to* Nov. 26, 1953, *that I last saw the deceased alive on* Nov 25, 1953 *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Roy A. Walther Sr. MD.
23b. ADDRESS Overland 14 Mo. 2438 Woodson Rd.
23c. DATE SIGNED Nov. 27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11/28/53
24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery
24d. LOCATION (City, town, or county) (State) Hoopeston, Illinois

DATE REC'D BY LOCAL REG. 11/27/53
REGISTRAR'S SIGNATURE Herbert R. Sombe MD
25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 No. Grand Bl — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Dr. Roy Wachsler
2438 Wilson Rd.
Wi. 0252

2 to 4

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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

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