

## STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. ....

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8800

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8800		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 63 yrs		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 2810 Mohattan Lane				
3. NAME OF DECEASED (Type or Print) a. (First) AMANDA			b. (Middle) IDA		c. (Last) HENSIEK		4. DATE OF DEATH (Month) (Day) (Year) Sept. 25 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 27, 1890		9. AGE (In years last birthday) 63 yrs.	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Carl Meyer			13b. MOTHER'S MAIDEN NAME Wilhelmina Bewig		14. NAME OF HUSBAND OR WIFE Charles Hensiek, Sr.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Charles Hensiek, Sr. 2810 Mohattan Lane				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage "APOPLEXY"</u>				DUPLICATE				4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary THROMBOSIS</u>				DUE TO (c)				3 mths
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes MELLITUS</u>								4 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4201</u>				
22. I hereby certify that I attended the deceased from <u>9-6</u> , 1954 to <u>9-26</u> , 1954, that I last saw the deceased alive on <u>9-26</u> , 1954, and that death occurred at <u>11:48 P.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Julius Chas. Kotter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2603 Cherokee St</u>		23c. DATE SIGNED <u>9-27-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 28 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BEIDERWIEDEN FUNERAL HOME, INC. 1936 St. Louis</u>				

(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 None  
Signature of Student Embalmer

Signed Felix J. Kruppa

Licensed Embalmer No. 34

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.