

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 595

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>		c. CITY OR TOWN <u>VALLEY PARK</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		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 <u>Co. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>15 FERN RIDGE AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHANIEL</u> b. (Middle) <u>WARREN</u> c. (Last) <u>Henlon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 9 - 55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	
8. DATE OF BIRTH <u>MAR. 19, 1867</u>		9. AGE (In years last birthday) <u>87</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, and if retired) <u>SECTION HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO R. R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SELMA, ALABAMA</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>SAMUEL W. HENLON</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE PRAYER</u>		14. NAME OF HUSBAND OR WIFE <u>ALCIE D. HENLON</u>	
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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. <u>489-18-1455</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Humphrey</u>	
ADDRESS <u>Valley Park Mo.</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			DUE TO (b) <u>MESENTERIC THROMBOSIS</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		II. 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 <u>4200</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 3-6, 1955, to 3-9, 1955, that I last saw the deceased alive on 3-9, 1955, and that death occurred at 2:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Henlon</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood Blvd</u>		23c. DATE SIGNED <u>3-11</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-12-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kerwood Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/11/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Sommers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheeler F. H.</u>		ADDRESS <u>Ballwin, Mo.</u>	
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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..... *Richard Bapp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.