No. 300
10.48

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

FILED JUN 10 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 16690

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4587

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4008 Bamberger Ave. 2159

**3. NAME OF DECEASED** (Type or Print): a. (First) CLARENCE b. (Middle) P. c. (Last) HENSELER

**4. DATE OF DEATH** (Month) May (Day) 23 (Year) 1955

**5. SEX** Male

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH** Aug. 31, 1897

**9. AGE** (In years last birthday): 57 — 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): Sup't.-Boyds Clothing Co.

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Phillip Henseler

**13b. MOTHER'S MAIDEN NAME** Ida Woelke

**14. NAME OF HUSBAND/OR WIFE** Olivia A. Henseler

**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.** 488-10-5526

**17. INFORMANT'S SIGNATURE OR NAME** Olivia A. Henseler **ADDRESS** 4008 Burgen 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Sigmoid colon with metastases — INTERVAL BETWEEN ONSET AND DEATH: 3½ yrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** 4/12/52

**19b. MAJOR FINDINGS OF OPERATION** Adenocarcinoma of Sigmoid Colon

**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?** 153X

22. *I hereby certify that I attended the deceased from* Apr 10, 1952, *to* MAY 23, 1955, *that I last saw the deceased alive on* MAY 23, 1955, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** John T Vaudrey **(Degree or title)** MD

**23b. ADDRESS** 1504 So Grand Blvd

**23c. DATE SIGNED** 5/24/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**24b. DATE** May 26, 1955

**24c. NAME OF CEMETERY OR CREMATORY** Resurrection Cemetery

**24d. LOCATION** (City, town, or county) St. Louis Co. Mo. (State)

DATE REC'D BY LOCAL REG. MAY 24 1955

REGISTRAR'S SIGNATURE J Carl Smith MD MJB

**25. FUNERAL DIRECTOR'S SIGNATURE** Kriegshauser **ADDRESS** 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 45

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.