

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38582

State File No.

FILED NOV 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9892**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) **1 day**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Lutheran Hospital** STREET ADDRESS (If rural, give location) **16 3624 Junjata 21670**

3. NAME OF DECEASED (Type or Print) a. (First) **Mabel** b. (Middle) **A.** c. (Last) **McHenry** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 8, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **May 22, 1897** 9. AGE (In years last birthday) **58** 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) **Office Manager** 10b. KIND OF BUSINESS OR INDUSTRY **Real Estate** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John C. Allen** 13b. MOTHER'S MAIDEN NAME **Anna Gorvin** 14. NAME OF HUSBAND OR WIFE **Albert McHenry (Dec'd)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **486-18-4730** 17. INFORMANT'S SIGNATURE OR NAME **Allen Stark** ADDRESS **4455 Lindscott**

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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lobar Pneumonia, right + left**
ANTECEDENT CAUSES
Morbid 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. **Pulmonary vein thrombosis, rt.**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **490X** 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) (Minute) _____ 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 **11/7**, 19**55**, to **11/8**, 19**55**, that I last saw the deceased alive on **11/8**, 19**55**, and that death occurred at **3:05P** m., from the causes and on the date stated above.

23a. SIGNATURE **Ralph Berg MD** (Degree or title?) 23b. ADDRESS **3203D Grand** 23c. DATE SIGNED **11/8/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Nov. 10, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **NOV 14 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **J. L. Ziegenhein & Sons** ADDRESS **2027 Gravois**

(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.....
Signature of Student Embalmer

Signed *C. P. Kudweel*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027 Gra*.....

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.