S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2759

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 239

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) De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
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) 6060 Garesche Av. 2079

3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) CAROLYN c. (Last) HENRY

4. DATE OF DEATH (Month) (Day) (Year) JAN. 6-1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 11, 1875
9. AGE (In years last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Carl Strasen
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Albert Henry

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 Albert Henry ADDRESS 6060 Garesche

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) Intestinal Obst. P.O. adhesions — INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Intestinal obstruction; Post Op. Adhesions

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart Disease
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.
5705 a.m.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ~~420.0~~
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* 1-3, 1954, *to* 1-6, 1956, *that I last saw the deceased alive on* 1-6, 1956, *and that death occurred at* 6:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. Hayden (Degree or title) L. Hayden M.D.
23b. ADDRESS 730 Hadiomont
23c. DATE SIGNED 1/7/56

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

DATE REC'D BY LOCAL REG. JAN 9 1956
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE John Stygar & Son ADDRESS 5541 Riverview Av.

(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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. W. Rister.....

Licensed Embalmer No 3980

P. O. Address St. Louis,

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