

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25376

STATE FILE NUMBER

FILED AUG 14 1956

53954-55 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1873

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Crestwood</b> <u>4730</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>		Length of stay in 1b <b>D.O.A.</b>	d. STREET ADDRESS <b>1031 Woodbine</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Kathryn</b> Middle <b>Kay</b> Last <b>Hansberry</b>			4. DATE OF DEATH <b>Aug. 3, 1956</b> Month Day Year		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 22, 1955</b>	9. AGE (In years last birthday) <b>11</b> <b>12</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Kirkwood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>John H. Hansberry</b>			14. MOTHER'S MAIDEN NAME <b>Lila J. Syme</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>John H. Hansberry, 1031 Woodbine</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia as a result of foreign body in larynx</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Swallowed a screw which she probably</b>			
20c. TIME OF INJURY <b>8:00 p. m.</b> <b>8/3/56</b>		picked up while crawling on the floor in her home			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	20f. CITY, TOWN, OR LOCATION <b>Crestwood</b>		COUNTY STATE <b>St. Louis Mo.</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <b>Arnold J. Willmann, Coroner</b>			22b. ADDRESS <b>Clayton, Mo.</b>		22c. DATE SIGNED <b>8/7/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/6/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Pfizinger Mortuary, Kirkwood, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-6-56</b>		26. REGISTRAR'S SIGNATURE <b>Heckert R. ...</b>

Name of Deceased: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Age at Death: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Religion: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**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 \_\_\_\_\_  
 Licensed Embalmer No. \_\_\_\_\_  
 P. O. Address \_\_\_\_\_

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.