

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

318

1003

State File No. 32097

Registrar's No. 7867

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 2 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4830		d. STREET ADDRESS (If rural, give location) 9711 Tesson Ferry	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Ellis		b. (Middle) J		c. (Last) Henroid		4. DATE OF DEATH (Month) (Day) (Year) Aug 24, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 18, 1887	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shoe worker		11. BIRTHPLACE (State or foreign country) Valles Mines, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alex Henroid		13b. MOTHER'S MAIDEN NAME Elizabeth Reppy		14. NAME OF HUSBAND OR WIFE Clara Henroid	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-01-9541		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Henroid 9711 Tesson Ferry			
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) Acute cardiac dilation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suprapubic prostatectomy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 4 days	
19a. DATE OF OPERATION 8/20/56		19b. MAJOR FINDINGS OF OPERATION Benign prostatic hyperplasia				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 610 x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Aug. 7 , 1956, to Aug. 24 , 1956, that I last saw the deceased alive on Aug. 24 , 1956, and that death occurred at 11:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. Henroid M.D.				23b. ADDRESS 517 Beaumont Medical Bldg.		23c. DATE SIGNED 8/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/27/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
DATE REC'D BY LOCAL REG. AUG 27 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois			

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Donald E. Benj

Licensed Embalmer No. 04963

P. O. Address. 7027 Brown

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 this body is not embalmed, fact should be so stated above.