

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32678**
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2245**

FILED OCT 10 1956

1. PLACE OF DEATH a. COUNTY St. Louis		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 Webster Groves		c. LENGTH OF STAY (in this place) 2 Yrs.	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 333 McDonald Pl.		e. STREET ADDRESS (If rural, give location) 333 McDonald Pl.	
3. NAME OF DECEASED (Type or Print) a. (First) IMOGEN b. (Middle) ADAMS c. (Last) HENRY		4. DATE OF DEATH (Month) (Day) (Year) 9-21-1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-30-1889
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. B. Adams		13b. MOTHER'S MAIDEN NAME Mabel Hanson	14. NAME OF HUSBAND OR WIFE J. Porter Henry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Porter Henry 333 McDonald Pl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		acute	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		several years	
DUE TO (b) arterio-sclerotic disease-hypertension			
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	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 42018	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 2/28 , 19 52 , to 9/21 , 19 56 , that I last saw the deceased alive on 9/18 , 19 56 , and that death occurred at 9:30p m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas P. McDaniel M.D.		23b. ADDRESS 4660 Maryland Ave.	23c. DATE SIGNED 9/22/56
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Cremation	24b. DATE 9-24-1956	24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. 9-22-56	REGISTRAR'S SIGNATURE Herbert K. Rombe	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webster Groves Mo.	

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 *Leslie Holch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Holcher Grove*.....

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.