

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35428**
9681
Registrar's No.

FILED NOV 1-6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **MO** b. COUNTY _____

b. CITY OR TOWN **St Louis MO** c. LENGTH OF STAY (in this place) _____
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: **10070 Lyway, White Water Hotel**
e. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
(Type or Print) a. (First) **Charles** b. (Middle) _____ c. (Last) **Henson**

4. DATE OF DEATH (Month) (Day) (Year) **9 28 56**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**

8. DATE OF BIRTH **Apr 19 12 44** **9. AGE** (In years, last birthday) **44** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **grocer** **10b. KIND OF BUSINESS OR INDUSTRY** **Meat**

11. BIRTHPLACE (City and State or Foreign Country) **Indiana** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Wick** **13b. MOTHER'S MAIDEN NAME** **Wick** **14. NAME OF HUSBAND OR WIFE** **Wick**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Wick** **16. SOCIAL SECURITY NO.** **Wick** **17. INFORMANT'S SIGNATURE OR NAME** **Dr. J. M. (H) Clark** **ADDRESS** **1300 Clark**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

2. OTHER SIGNIFICANT CONDITIONS _____

INTERVAL BETWEEN ONSET AND DEATH _____

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Ruptured Esophageal Varix**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

III. OTHER SIGNIFICANT CONDITIONS **Chronic Hepatitis of Liver**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **581-0** **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) _____ **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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** **23b. ADDRESS** **1300 Clark** **23c. DATE SIGNED** **10-16-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** **10 31 56** **24c. NAME OF CEMETERY OR CREMATORY** **Anatomical Board** **24d. LOCATION (City, town, or county) (State)** **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 24 1956** **REGISTRAR'S SIGNATURE** **Carl Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **Rowland-Aker Mortuary Service** **ADDRESS** **1104 Manchester Ave. St. Louis 10, 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.....

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.