

FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44930

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

3046

00  
56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

In, before, after, or vice

Disease, Cause

Disease, Cause

Disease, Cause

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. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>Richmond Heights</b>		Inside Limits Yes* No <input type="checkbox"/>	c. CITY <b>St. Louis</b>		Inside Limits Yes* No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		Length of stay in lb. <b>6 hours</b>	STREET ADDRESS <b>4440 Lindell Blv'd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MAUDE</b> Middle <b>LEE</b> Last <b>HENNING</b>			4. DATE OF DEATH Month <b>12</b> Day <b>24</b> Year <b>56</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 30, 1872</b>	9. AGE (In years last birthday) <b>84</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>Cannelton, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Oscar Clemens Lee</b>			14. MOTHER'S MAIDEN NAME <b>Angeline Adelaide Barlow</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Mildred Hennings, 4440 Lindell Blv'd.</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>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterio-sclerotic hypertension</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) <b>331x</b>					INTERVAL BETWEEN ONSET AND DEATH <b>approx 6 hours.</b>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 19 1933</b> to <b>12/24/56</b> and last saw her alive on <b>12/24/56</b> . Death occurred at <b>12/24/56 6:58 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Thomas E. Prudice M.D.</b>			22b. ADDRESS <b>4660 Maryland Ave.</b>		22c. DATE SIGNED <b>12/25/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>entombment</b>		23b. DATE <b>12-26-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
24. FUNERAL DIRECTOR <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>12-26-56</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Donahoe</b>

(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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Arnold W. Schoen*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

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