

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2802

FILED JAN 25 1957

State File No. _____

BIRTH NO. 80914-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 162

This card was from 114-56
 St. Louis Childrens Hospital
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3a. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL OF St. Louis Childrens Hosp</u>			
b. STREET ADDRESS (If rural, give location) <u>1520a No. 18th St. (rear)</u>			
3. NAME OF DECEASED a. (First) <u>Carl Emanuel Henning</u> (Type or Print)		b. (Middle) <u>V</u> c. (Last) <u>Henning</u>	
4. DATE OF DEATH <u>Jan - 5 - 1957</u>		5. SEX <u>M</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10-18-56</u>		9. AGE (in years last birthday) <u>2</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>18</u> Hours <u> </u> Mins. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Merton Carl Henning</u>		13b. MOTHER'S MAIDEN NAME <u>Uola Rose Hanson</u>	
14. NAME OF HUSBAND OR WIFE <u>child</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. Barnard</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelomeningocele</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751 X</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		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 <u>11-4-1956</u> to <u>1-3-1957</u> that I last saw the deceased alive on <u>1-3-1957</u> , and that death occurred at <u>9:00a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Barbara Jones, M.D.</u>		23b. ADDRESS <u>Childrens Hospital</u>	
23c. DATE SIGNED <u>JAN 7 1957</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Grubville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred M. William, 4700 Washington Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1957</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>	

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 *G. W. Wilkins*.....

Licensed Embalmer No. *357*.....

P. O. Address *M. L. Linn*.....

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.