

V.S. No. 300  
REV. 10-48

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10407  
Registrar's No. 1771

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY St. Louis |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis |  | c. CITY OR TOWN Normandy 4170  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital                        |  | e. STREET ADDRESS (If rural, give location) 7312 Burrwood Dr.  |  |

|  |            |                    |           |   |
|--|------------|--------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Marshall | a. (First) | b. (Middle) Henson | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1957 |
|--|------------|--------------------|-----------|---|

|             |                        |  |                                |                                    |                          |                         |
|-------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|-------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 13, 1877 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months 1 | IF UNDER 24 HRS. Days 6 |
|-------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|-------------------------|

|   |   |  |                              |
|---|---|--|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | 10b. KIND OF BUSINESS OR INDUSTRY Universal Match Co. | 11. BIRTHPLACE (City and State or Foreign Country) Tennessee | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|--|------------------------------|

|                                  |  |                                       |
|----------------------------------|--|---------------------------------------|
| 13a. FATHER'S NAME Alfred Henson | 13b. MOTHER'S MAIDEN NAME Iantha Grugget | 14. NAME OF HUSBAND OR WIFE Josephine |
|----------------------------------|--|---------------------------------------|

|  |                                     |   |                           |
|--|-------------------------------------|---|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 488-05-4391 | 17. INFORMANT'S SIGNATURE OR NAME Helen Dickerson | ADDRESS 7312 Burrwood Dr. |
|--|-------------------------------------|---|---------------------------|

|   |   |      |   |
|---|---|------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |      | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>   |      |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Hypertension</i><br>DUE TO (c) |      |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | 4201 |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) 2 |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 2-17-57, 19, to 2-19-57, 19, that I last saw the deceased alive on 2-19, 1957, and that death occurred at 10:00PM from the causes and on the date stated above.

|  |                          |                          |
|--|--------------------------|--------------------------|
| 23a. SIGNATURE (Degree or title) <i>Clarence G. Drum</i> | 23b. ADDRESS 1927A Union | 23c. DATE SIGNED 2-20-57 |
|--|--------------------------|--------------------------|

|  |                   |   |  |
|--|-------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/22/57 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
|--|-------------------|---|--|

|                                    |  |  |                    |
|------------------------------------|--|--|--------------------|
| DATE REC'D BY LOCAL REG. FEB 21 57 | REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart | ADDRESS 1225 Union |
|------------------------------------|--|--|--------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 *Melvin J. Kemper*.....

Licensed Embalmer No. *4055*.....

P. O. Address *3505 Oak*  
*St. Louis 20, Mo.*.....

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.