

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14799**
Registrar's No. **4095**

FILED MAY -8 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY _____

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

b. CITY (If outside corporate limits, write RURAL and give township) 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 **929 RUTGER**

e. STREET ADDRESS (If rural, give location) **929 RUTGER**

3. NAME OF DECEASED (Type or Print)
a. (First) **DINK** b. (Middle) **-** c. (Last) **HENSHAW**

4. DATE OF DEATH (Month) (Day) (Year)
APR. 28 1957

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **MAR. 22 1879**

9. AGE (In years last birthday) **78**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 2 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **At Home**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JAMES HOGUE**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **J. B. HENSHAW**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NONE**

16. SOCIAL SECURITY NO. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
DELIA PERMENTER 929 RUTGER

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **congestive heart failure**
DUE TO (c) **arteriosclerosis**

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

INTERVAL BETWEEN ONSET AND DEATH
3400

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **4201**

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) (Min.) _____

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 **Jan 10, 1954** to **Apr 25, 1957**, that I last saw the deceased alive on **Jan 27, 1957**, and that death occurred at **8:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. J. Wepfolt DO**

23b. ADDRESS **1800 A Lafayette Ave**

23c. DATE SIGNED **4/29/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **APR. 30 1957**

24c. NAME OF CEMETERY OR CREMATORY **New ST. MARGUS**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **APR 30 57**

REGISTRAR'S SIGNATURE **Carl Smith MD**

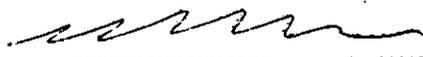
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kuter, 2906 Beavrie**

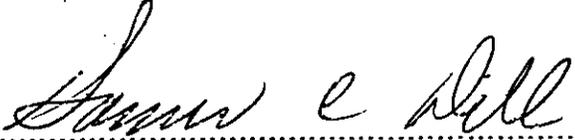
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
19/20
11/19/20

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.

Licensed Embalmer No. 4347
P. O. Address 2906 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.