No. 300
0-48

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

FILED MAY 20 1957

State File No. 18792

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4200

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): D.O.A
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 09 DePaul Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy 4170 C
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 27 7721 Rosedale Drive

**3. NAME OF DECEASED** (Type or Print)
a. (First): EMILE
b. (Middle): GERARD
c. (Last): HENSGEN

**4. DATE OF DEATH** (Month) (Day) (Year): May 1, 1957

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: October 17, 1889
**9. AGE** (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Plumbing Contractor
**10b. KIND OF BUSINESS OR INDUSTRY**: Self employed
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Emile C. Hensgen
**13b. MOTHER'S MAIDEN NAME**: Antoinette Zwart
**14. NAME OF HUSBAND OR WIFE**: Mary Conboy

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): W. W. #1
**16. SOCIAL SECURITY NO.**: 487-38-1640
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. May Hensgen — ADDRESS: 7721 Rosedale

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

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES — Arteriosclerotic heart disease
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic — Unknown
DUE TO (c) Heart Disease

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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 420.0
**20. AUTOPSY?** YES [ ] NO [✓] 2

**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) m.
**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 _____, 1955, to May 1, 1957, that I last saw the deceased alive on 2/12, 1957, and that death occurred at 2P m., from the causes and on the date stated above.*

**23a. SIGNATURE** W.C. Missey (Degree or title): W.C. Missey, J. M.D. M.D.
**23b. ADDRESS**: 634 N. Grand — 634 No. Grand
**23c. DATE SIGNED**: 5/3/57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: May 4, 1957
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis Mo.

**DATE REC'D BY LOCAL REG.**: MAY 3 '57
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D. S.P.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Cullen Kelly — ADDRESS: 7267 Natural Bridge

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lamme

Licensed Embalmer No. 4/3

P. O. Address St. Lou

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