

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015907  
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4134

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>University City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>6600 Washington,</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Mary</u> Middle <u>Elizabeth</u> Last <u>Henning</u>		Month <u>April</u> Day <u>15</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15, 1859</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Oshkosh, Wisconsin.</u>
13a. FATHER'S NAME <u>Charles D. Henning</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Freeland</u>	14. NAME OF HUSBAND OR WIFE <u>Nil.</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>Nil.</u>	17. INFORMANT <u>Myrtle J. Sprague, 6600 Washington, Blvd.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA HYPOSTATIC</u> <u>ARTERIOSCLEROTIC VALVULAR HEART DISEASE WITH FAILURE</u> DUE TO (b) <u>421.4 F</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>FRACTURE OF HIP RIGHT</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS.</u> <u>UNK</u>
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell in room at Old Folks</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year <u>3-30-58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>University City, Mo.</u>	
21. I attended the deceased from <u>MAR 31 '58</u> to <u>APR 15 '58</u> and last saw her alive on <u>APRIL 14 1958</u> Death occurred at <u>2:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry Cooper MD (MD)</u>		22b. ADDRESS <u>818 Olive St St. Louis</u>	
22c. DATE SIGNED <u>4/15/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-16-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Garden Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Albert H. Hoppe</u>		25. DATE RECD. BY LOCAL REG. <u>APR 15 '58</u>	
ADDRESS <u>4700 Washington, Blvd.</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. Wilkinson*

Licensed Embalmer No. *3575*  
P. O. Address *N. Lom...*

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.