

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046584

State File No.

99737-58
FIND JAN 14 1959

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3423

1. PLACE OF DEATH
a. COUNTY ST. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON
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

3. FULL NAME OF HOSPITAL OR INSTITUTION BURY OSTEOPATHIC CLINIC & HOSPITAL

4. STREET ADDRESS (If rural, give location) 6178^a DELMAR

5. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) WAYNE c. (Last) HENTY

4. DATE OF DEATH (Month) (Day) (Year) 12 - 27 - 58

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH 12-14-58

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 13 IF UNDER 24 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) CLAYTON, MISSOURI

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

13a. FATHER'S NAME WILLIAM DONALD HENTY

13b. MOTHER'S MAIDEN NAME MONA WILEY

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE AND ADDRESS William D. Henty, 6178a Delmar Blvd.

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) INTERSTITIAL PNEUMONITIS
DUE TO (c) 7630
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
20. AUTOPSY? YES NO

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE
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 12-14-1958, to 12-27-1958, that I last saw the deceased alive on 12-27-1958, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Byron W. Berry D.O.

23b. ADDRESS 139 N. MERAMEC ST. CLAYTON

23c. DATE SIGNED 12-28-58

24. BURIAL OR CREMATION (Specify) Removal

24b. DATE 12-29-58

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 12-30-58

REGISTRAR'S SIGNATURE Herbert R. Donker M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd

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.....
Licensed Embalmer No. *[Signature]*

P. O. Address.....

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.