

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007212

STATE FILE NUMBER

2 1732

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. _____

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

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, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 4909 Geraldine Ave	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle HARRISON Last HENSON, SR.		4. DATE OF DEATH Month Feb. Day 16 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1883
9. AGE (In years last birthday) 75 yrs	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) Retired	10b. KIND OF BUSINESS OR INDUSTRY Upholsterer	11. BIRTHPLACE (City and state or country) Iron County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William N. Henson	13b. MOTHER'S MAIDEN NAME Margaret Phillips	14. NAME OF HUSBAND OR WIFE Clara Henson	
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. 487-26-4216	17. INFORMANT Address Mrs. Clara Henson, 4909 Geraldine Ave. 15	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma from ampulla of vater involving ileum, liver peritoneum and lymph nodes DUE TO (b) _____ DUE TO (c) 155.1			INTERVAL BETWEEN ONSET AND DEATH 5 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Feb. 22, 1958 to Feb. 16, 1959 and last saw him <input checked="" type="checkbox"/> alive on Feb. 16, 1959 Death occurred at St. Luke's Hosp. 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David Hafe Kerr, MD. (Degree or title)	22b. ADDRESS 950 Francis Place-Suite 113	22c. DATE SIGNED 2/17/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cometary	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz, 4828 Nat'l. Bridge Blvd.		25. DATE RECD. BY LOCAL REG. FEB 18 '59	26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

7116

Dr. David Korr
950 Francis Pl.

2:30-5

F110 in city1

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 Ralph E. Leides

Licensed Embalmer No. 4215

P. O. Address St. Louis, 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.