

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007989

STATE FILE NUMBER

FILED MAR 6 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 591

300
-57

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Normandy</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Hanley Hills St. Louis 4356</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Normandy Osteopathic Hospital</i>		Length of stay in lb <i>40 min.</i>	d. STREET ADDRESS (If outside, give location) <i>7532 Mallard Dr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ALTA</i> Middle <i>C.</i> Last <i>HENSON.</i>			4. DATE OF DEATH Month <i>March</i> Day <i>3</i> Year <i>1959.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>MARCH 9, 1900</i>	9. AGE (In years last birthday) <i>58.</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Emp. Agency</i>	11. BIRTHPLACE (City and state or country) <i>Poplar Bluff Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>John M. Cown</i>		13b. MOTHER'S MAIDEN NAME <i>Florence Whiteaker</i>		14. NAME OF HUSBAND OR WIFE <i>Chester Henson.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>189-18-6601H</i>		17. INFORMANT Address <i>Betty Martin 7532 Mallard Dr</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <i>Neuro Circulatory Failure</i> DUE TO (b) <i>Acute Peritonitis of unknown origin</i> DUE TO (c) <i>576x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not related to the terminal disease condition given in PART I (a)) <i>Congestive Failure Hypertension</i>					INTERVAL BETWEEN ONSET AND DEATH <i>20 hours</i>
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 <i>3-2-59</i> to <i>3-3-59</i> and last saw her alive on <i>3-3-59</i> Death occurred at <i>8:30 a.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John C. Murphy M.D.</i>			22b. ADDRESS <i>6820 Page</i>		22c. DATE SIGNED <i>3-3-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>3-6-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Bridgeton, Missouri</i>
24. FUNERAL DIRECTOR <i>Baumann Bros. Inc. Overland, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>3-4-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David E. G. Seb*

Licensed Embalmer No. *3452*
P. O. Address *Overland*

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.