

AMENDED

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

FILED APR 14 1961

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3236 Lafayette (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle H Last Henson			4. DATE OF DEATH 4-1-61			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler Hussmann		10b. KIND OF BUSINESS OR INDUSTRY Refrigerator		11. BIRTHPLACE (City and state or country) Ill.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ben Henson		13b. MOTHER'S MAIDEN NAME Belle Griffin		14. NAME OF HUSBAND OR WIFE W. Juel Parsons		
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. 5811		17. INFORMANT Juel Parsons Henson 3236 Lafayette		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC COMA Laennec's cirrhosis DUE TO (b) LAENNEC'S CIRRHOSIS DUE TO (c) 5811		INTERVAL BETWEEN ONSET AND DEATH ONE DAY SEVERAL YEARS
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I arteriosclerotic heart disease; broncho-pneumonia-pulmonary infarct ARTERIOSCLEROTIC HEART DISEASE; BRONCHO-PNEUMONIA		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 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.) 3-22-61	20f. CITY, TOWN, OR LOCATION 3-31-61	COUNTY	STATE
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21. I attended the deceased from 3/22/61 to 3/31/61 and last saw her/him alive on 3/31/61 Death occurred at 5:05 A.M. 5:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D.C. Schuellmann (Degree or title) D.C. Schuellmann, M.D.	22b. ADDRESS 533a Fassen 533^a Fassen Street	22c. DATE SIGNED 4/2/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Apr 4, 1961	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo.
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24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette	25. DATE RECD. BY LOCAL REG. APR 3 1961	26. REGISTRAR'S SIGNATURE Good Smith, M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO.

BY AFFIDAVIT OF

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayette

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.