ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-019078

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4906

FILED JUN 2 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poor Little Sisters of the — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS 3225 N. FLORISSANT (If outside, give location) Little sisters of the Poor — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARGARET Middle Last HENSSLER

4. DATE OF DEATH Month MAY Day 23 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 2-13-1869

9. AGE (last birthday) 92 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis Mo

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

13a. FATHER'S NAME Anton Deiss

13b. MOTHER'S MAIDEN NAME Catherine Kramer

14. NAME OF HUSBAND OR WIFE Joseph Henssler(Dec'd)

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

16. SOCIAL SECURITY NO. **********

17. INFORMANT Elza Kratovil — Address 5527 Emerson Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterio-sclerotic-heart-disease — INTERVAL BETWEEN ONSET AND DEATH ???

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT None SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 12, 1961, to May 23, 1961 and last saw her/him alive on May 20, 1961

Death occurred at 8 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard H. Hotte MD

22b. ADDRESS 2435 N. Grant Blvd

22c. DATE SIGNED 5-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 5/25/1961

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR JOHN STYGAR & SON — ADDRESS 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG. MAY 24 1961

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 J. M. Ristes

Licensed Embalmer No. 3980

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.