

FILED JAN 20 1945 318

Primary Registration District No.

1003

Registrar's No.

234

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days) 0

3. (a) PRINT FULL NAME Frank L. Henson. Sr.

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Elizabeth Henson. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 3, 1881.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>4</u>	hr. _____ min.

9. Birthplace Bonne Terre, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Painting Contractor.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Henson.

13. Birthplace Cincinnati, Ohio.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Pratt.

15. Birthplace Bonne Terre, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Henson.

(b) Address 6311 Theodosia Avenue.

17. (a) Burial (b) Date thereof 1-10-1945.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 9 1945 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Wellston. (If outside city or town limits, write "RURAL") 96 R.

(d) Street No. 6311 Theodosia Avenue. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7  
year 1945 hour 8:20 minute 0 M.

21. I hereby certify that I attended the deceased from July 1943 to 1/7/45, 1945  
that I last saw him alive on 1/7/45, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Paralysis 6 Days  
Duration

Due to Chinosis of liver  
Chronic nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 124

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Pugh Hays (M. D. or other) 0  
Address 3720 Washington Ave Date signed 1/7/45

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Ben E. Hoffman Jr*

Licensed Embalmer No. *4368*

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 this body is not embalmed, fact should be so stated above.**