

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35692
Registrar's No. 9436

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If rural, give location) 317 DeBaliviere 0	

3. NAME OF DECEASED (Type or Print) a. (First) Henri	b. (Middle)	c. (Last) Townsend	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1951
---	-------------	--------------------	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 11, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elec. Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Pub. Service	11. BIRTHPLACE (State or foreign country) Jefferson Co., Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	-----------------------------------

13a. FATHER'S NAME Joseph T. Townsend	13b. MOTHER'S MAIDEN NAME Marie Daniel	14. NAME OF HUSBAND OR WIFE None
---------------------------------------	--	----------------------------------

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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. E. J. Simpson, 423 Sumner, Pampa, Tex.	ADDRESS
---	------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
--	--	---------------------------------

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 630 A.M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title)	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 10-25-51
--	--------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 10-26-51	24c. NAME OF CEMETERY OR CREMATORY Lake Charles	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
---	--------------------	---	--

DATE REC'D BY LOCAL REG. OCT 25 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
--------------------------------------	-----------------------------------	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Robert M. Murray

Student Embalmer

Licensed Embalmer No. 3749

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.