

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22320

State File No. ....

FILED JUN 21 1952

Registrar's No. 4474

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4148	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 5708 Jennings Rd. /	
3. NAME OF DECEASED (Type or Print) a. (First) NOMA b. (Middle) MELVINA c. (Last) MCHENRY		4. DATE OF DEATH (Month) (Day) (Year) 5 / 12 52	
5. SEX / Female	6. COLOR OR RACE / White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) / Widow	8. DATE OF BIRTH / Aug. 19, 1885
9. AGE (In years last birthday) / 66		10. KIND OF BUSINESS OR INDUSTRY / At Home	11. BIRTHPLACE (State or foreign country) / Reynolds Co., Mo. U
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / Housework		12. CITIZEN OF WHAT COUNTRY? / U.S.	
13a. FATHER'S NAME / William J. Hoskins		14. NAME OF HUSBAND OR WIFE / Harry	
13b. MOTHER'S MAIDEN NAME / Rebecca Jane Duncan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No	
16. SOCIAL SECURITY NO. / None		17. INFORMANT'S SIGNATURE OR NAME / Mrs. D.W. Clark, 5211 Harney Ave.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NEPHROLITHIASIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PYELONEPHRITIS HYDRONEPHROSIS  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS HYPERTENSIVE CARDIO VASCULAR HEART DISEASE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? / 602X	
22. I hereby certify that I attended the deceased from APR. 21, 1952, to MAY 12, 1952, that I last saw the deceased alive on MAY 12, 1952, and that death occurred at 11:35P m., from the causes and on the date stated above.			
23a. SIGNATURE / FR Bradley (Degree or title) P.M.D.		23b. ADDRESS / BARNES HOSPITAL	
23c. DATE SIGNED / 5/13/52		24a. BURIAL, CREMATION, REMOVAL (Specify) / Removal	
24b. DATE / 5-13-52		24c. NAME OF CEMETERY OR CREMATORY / City	
24d. LOCATION (City, town, or county) (State) / Ellington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE / Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. / MAY 13 1952		REGISTRAR'S SIGNATURE / [Signature]	

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Pennington

Licensed Embalmer No. 4283

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.