

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

38002

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Jennings (No. 3722) St. Jennings St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

Henry L Floerke  
 (a) Residence, No. 3722 Jennings Rd. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lulu Floerke</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 23, 1891</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>3</u>	DAYS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer <u>Modern Shoe Co</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>MO</u>		
10. NAME OF FATHER <u>Henry Floerke</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>		
12. MAIDEN NAME OF MOTHER <u>Mary Schwitzer</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>		

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928 to Dec 20, 1928  
 that I last saw h. alive on Dec 27, 1927, and that death occurred, on the date stated above, at 6:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Impetigo 131  
uremia 930

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

CONTRIBUTORY Ch. nephrit. Myocardite  
 (SECONDARY) \_\_\_\_\_  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Lab.  
 (Signed) Arthur Smoller M. D.  
1290, 1928 Address 220 W. Chestnut St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Lulu Floerke  
 (Address) 3722 Jennings Rd.

15. FILED Jan 1st 1928 O. W. Schuch REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem DATE OF BURIAL Jan 1, 1928

20. UNDERTAKER A. Kroes & Co ADDRESS 1707 W. Grand Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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