

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

Do not use this space.

16596

1. PLACE OF DEATH:

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1603**
 City St. Louis (No. St. Mary Infirmary) St. Ward)

File No.
 Registered No. **4698**
 St. Ward)

2. FULL NAME Harry Hankert

(a) Residence, No. 1433 Chestnut St., 25 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 43

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cook
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT L. Pingel
 (Address) 1534 Paper

15. FILED PR 23 1929 W. C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1929

17. I HEREBY CERTIFY That I attended deceased from 10-15 1928 to 4-22 1929 that I last saw h. in alive on 4-22 1929 and that death occurred, on the date stated above, at 9:30 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (chronic)
905 1106 1106 950
 CONTRIBUTORY Emphysema, lung cancer (SECONDARY) (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1433 Chestnut

DID AN OPERATION PRECEDE DEATH? NO DATE OF 2-12-29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
autopsy
 (Signed) W. C. Starkey, M. D.
 , 19 (Address) 1536 Paper

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Apr 26 1929

20. UNDERTAKER W. C. Starkey ADDRESS 2842 Meramec

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.

WHILE (PRINT) WITH CERTAINING INSTRUMENT RECORD

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