MAY 20 1930

MAY 28 1930

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

Do not use this space.

13844

1. PLACE OF DEATH
County St. Louis
Township Meramec
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 785
Primary Registration District No. 6032

File No. .....
Registered No. 90

2. FULL NAME Hannah Henke

(a) Residence. No. Centaur Mo. R. #22 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	6	13	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Henry Essen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Sophia Hilkenkamp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Fred Henke
(Address) Centaur Mo. R #22

15. FILED 5/9 1930 C. E. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-28- 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1930, to April 27, 1930 that I last saw h. alive on April 27, 1930, and that death occurred, on the date stated above, at April 28 1 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac - Paralysis
131
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dropsy and Albumin of Kidney (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? .....

(Signed) Robert Terry, M. D.
4/30. 1930 (Address) Chesterfield Mo

*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	DATE OF BURIAL
Antioch Cem. Monarch Mo. 3	April 30 1930
20. UNDERTAKER	**ADDRESS**
Schrader Und. Co.	Ballwin Mo.

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.