

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

Do not use this space.

34746

File No. 10188
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 18-03
City St. Louis Mo (No. 1921 St. 15-18-03)

2. FULL NAME

(a) Residence. No. 1921 St. 15-18-03 St. Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Louis Hensiek

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 5th 1870

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>—</u>	<u>18</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John Baune

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

Louis Hensiek
(Address) 1921 St. 15-18-03 St.

15. FILED

10/20/30
Ray J. Stender
REGISTRAR

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

Oct 20th 1930

17. I HEREBY CERTIFY, That I attended deceased from

18th Mo, 1930, to Oct 25th 1930

that I last saw him alive on Oct 23rd 1930, and that death occurred, on the date stated above, at 7:05 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Breast

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. H. Baune, M. D.

10/24/30 (Address) 3520 N. Grand

*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

St. Johns Cem. (North)

DATE OF BURIAL

Oct 25 1930

20. UNDERTAKER

Hy Leidner and Co

ADDRESS

1417 N. Market St.

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.

