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.

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

Do not use this space.

20935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1002 Registered No. 5424

City City (No. St Anthony Hospital St. ..... Ward)

2. FULL NAME Herman F. Henckhoff

(a) Residence, No. 3442 Crittenden St., 16 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: Male
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: Josephine F. Henckhoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 28th 1871

7. AGE: YEARS 60 MONTHS 7 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fur Co
10. Date deceased last worked at this occupation (month and year): April 15 1932
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

FATHER

13. NAME: Chas. Henckhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Anna Pfieffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs Josephine Henckhoff 3442 Crittenden St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: June 8th 1932

19. UNDERTAKER (ADDRESS): Hauck & Schmidt 3732 S. Grand Blvd

20. FILED: JUN -7 1932 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932, to June 6 1932

I last saw him alive on June 6 1932. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral Hemorrhage	
117 (Apoplexy)	5/23/32
8	
118 B	

Other contributory causes of importance:

Perforated Gastric Ulcer	5/15/32

Name of operation: Posterior Gastro enterostomy Date of 5/15/32

What test confirmed diagnosis: Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Walters M. D.

(Address) 3608 S. Grand Bl

6/6/32