

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.

NOV 10 1933

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

Do not use this space.

35064

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 100B
City St. Louis, Mo. (No. 541 Bates St.)..... St. 15 Ward

File No. 9277
Registered No. 9277

2. FULL NAME Joseph Hencke
(a) Residence, No. 541 Bates St. St. 15 Ward. (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 Emily Hencke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 10 no

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Illinois

13. NAME John Hencke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Helena Breahtel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Emily Hencke (ADDRESS) 541 Bates St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 28, 1933

19. UNDERTAKER Southern (ADDRESS) 6323 Grand Blvd.

20. FILED 1933 J. R. Beck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-6- 1933 to 10-25- 1933

I last saw him alive on 10-18th, 1930. Death is said to have occurred on the date stated above, at 9 a.m.

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

acute congestive heart failure
cor. myocardiitis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Neal Harrell, M. D.

(Address) 5414 Delmar

Dr. Paul Dahl
5914 (Alman)