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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 18439

Township ..... Primary Registration District No. 1003 Registered No. 4914

City St. Louis (No. 5241, Highland St. ..... Ward)

2. FULL NAME Louise Henschen

(a) Residence, No. 5241 Highland St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	6	5	

OCCUPATION

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

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) Ill

FATHER

13. NAME Fred Goeting

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Robert Brown 5241 Highland.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE New Pickers DATE May 15, 1934

19. UNDERTAKER (ADDRESS) Drehmann Harral 1905 Union

20. FILED MAY 15 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

22. ~~I~~ HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to May 12, 1934

I last saw her alive on May 5 1934 Death is said to have occurred on the date stated above, at 9.30 a.m.

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

Carcinoma of Stomach (Malignant) Date of onset Unknown

Other contributory causes of importance: Metastatic carcinoma colon and liver

Name of operation Expl. Lap. Date of March 30

What test confirmed diagnosis? Tissue exp. ~~Was~~ there an autopsy? No 34

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? No

If so, specify .....

(Signed) R. Emmet Kane, M. D.

(Address) 1117 N Grand

1117 N. Grand

Je 71.41

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