

REC'D JUL 12 1938

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

20090

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Central Hospital** Registered No. **5229**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Dora E. Henselmeier**

(a) Residence, No. **3743 Anetta Avenue** St. **8**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 **William G. Henselmeier**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 20, 1892**

7. AGE YEARS **46** MONTHS **2** DAYS **16** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At. nome**

9. Industry or business in which work was done, as 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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **Joseph Stumpenhagen**

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

15. MAIDEN NAME **Louise Meyer**

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

17. INFORMANT **William G. Henselmeier**
(ADDRESS) **3743 Anetta Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **June 8, 1938**

19. FUNERAL DIRECTOR (NAME) **Math Hermann and Son**
(ADDRESS) **2161 East Fair Avenue**

20. FILED **JUN 8 1938** **J. P. B. Decker**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 17, 1938**, to **June 5, 1938**

I last saw her alive on **June 5, 1938**. Death is said to have occurred on the date stated above, at **5:50 P. M.**

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

(Thrombosis Super haren - long artery) Peritonitis - 5/17/38
adipose - 129

Date of onset

Other contributory causes of importance:

acute cardiac dilatation, 6-6-38
no definite heart disease

Name of operation **Enterostomy (non malignancy)** Date of **5-22**

What test confirmed diagnosis? **Specimen** 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? **no**

If so, specify **Wm G. Thwait** M. D.

(Signed) **Wm G. Thwait** M. D.

(Address) **820 N. Broadway St. Louis**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

William G. Buchholz

Licensed Embalmer No.

2110

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.