

REC'D OCT 12 1938

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

30394
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City _____ (d) Street No. _____ St. John's Hosp. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 John B. Henke **538**
 (a) Residence, No. 8947 Forest Ave. St. **W/C** St. John's Station, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 3, 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Sept 3, 1938

I last saw him live on 9-2, 1938 Death is said to have occurred on the date stated above, at 12.15 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/18/1876**

Cancer stomach Date of onset 4/27/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Insurance**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Business**
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Coronary sclerosis

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

FATHER 13. NAME **Joseph Henke**

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

MOTHER 15. MAIDEN NAME **Mary Knittel**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

Name of operation none Date of 1936
 What test confirmed diagnosis? 1. Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) **Mrs. Mary Abel, 8947 Forest Ave.**

Manner of injury trauma
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **9/6/1938**

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Choumiller M. D.
 (Address) 458 Hawthorn

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. A. Stock Und. Co. 2113 E. Grand Blvd.**

20. FILED **SEP - 4 1938** J. B. Brubaker Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 12 1954

JUN 13 1949

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.