

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.

16 1939

1939

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

23284

Do not use this space.

1. PLACE OF DEATH

(a) County Ordway Registration District No. 784
(b) Township _____ Primary Registration District No. 16
(c) City University City. (d) Street No. 6901 Corbitt Ave. Registered No. 1076
(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

520 Margarete Henke,
(a) Residence, No. 6901 Corbitt Ave., St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry F. Henke,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28th 1884</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>0</u>	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. <u>Housework</u>			
	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) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>Wm. P. Foelich,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Dora Oelkers,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT (ADDRESS) <u>Henry F. Henke,</u> <u>6901 Corbitt Ave.,</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hiram Cem.</u> DATE <u>June 19th 39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Henry Leidner Und.</u> <u>1417 N. Market Street.</u>				
20. FILED <u>JUN 16 1939</u> <u>D.R. Meyers, D.P.H.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13 1934 to June 16 1939
I last saw her alive on June 15 1939 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Cardiac Dilatation Date of onset 6/15/39

Other contributory causes of importance:
Hypertension
Chronic Hepatitis
Diabetes Mellitus 1935
1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Physiologic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) B. G. Haussner, M. D.
(Address) Crown Center, Mo.

B.C.

(Licensed Embalmer's Statement on Reverse Side)

Return to: [illegible] 40 51

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 James L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.