No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23914

Registration District No. 791 AUG 25 1940

Primary Registration District No. 1003

Registrar's No. 6359

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4271a Red Bud Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 10
(If outside city or town limits write "RURAL")

(d) Street No. 4271a Red Bud Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Henry F. Hanke 520

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie T. Hanke nee Kespohl

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 22, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	6	3	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired police officer

11. Industry or business

FATHER
12. Name John Hanke 1
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Niehaus
15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mamie Hanke
(b) Address 4271a Red Bud Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1940 hour 8:00 PM minute M.

21. I hereby certify that I attended the deceased from June 1, 1940, to July 25, 1940
that I last saw him alive on July 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Abscess of Prostate Gland

Due to

Other conditions chronic Myocarditis, Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Abscess of Prostate Gland

Of autopsy 93C

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)
While at work? no (e) Means of injury no

23. Signature Paul Dernstorff (M. D. or other)
Address 3919 W Florissant Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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

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