

Registration District No. **7911**

Primary Registration District No. **1003**

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:
4946 W. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Henry Kenkel**

3. (b) If veteran, name war **no** 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 **Katherine Herbort** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **March 29, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	8	21	hr. _____ min. _____

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Dairyman Retired**

11. Industry or business _____

12. Name **Henry Kenkel**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Bussman**
(City, town, or county) (State or foreign country)

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Kenkel**

(b) Address **4946 W. Florissant Ave.**

17. (a) **Burial** (b) Date thereof **Dec. 23, '40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Bronschur, Bud B.**
(b) Address **4746 W. Florissant Ave.**

19. (a) **DEC 21 1940** (b) **J. H. Bredebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4946 W. Florissant**
(If rural, give location) **7**
(e) If foreign born, how long in U. S. A.? **62 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19**
year **1940** hour **12** minute **20** M.

21. I hereby certify that I attended the deceased from **12-2-40**
19____, to **12-19-40**, 19____;
that I last saw him alive on **12-19-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic interstitial nephritis**

Due to **General arteriosclerosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. H. Bredebeck** (M. D. or other) **M. D.**
Address **5074 N. Union** Date signed **12-20-40**

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

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

MOTHER FATHER

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

Guy W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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, fact should be so stated above.