

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Sy. Louis, Mo.
(c) Name of hospital or institution: City Infirmary, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution September 12, 1940
In this community Life
years, months or days

3. (a) PRINT FULL NAME Henry Huncke

8. (b) If veteran, name war Cannot say 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rose 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased October 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Pensioner

11. Industry or business X

12. Name Fred Huncke

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

14. Maiden name Jonahrah Eiselein

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

16. (a) Informant D. D. D. D.

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 12-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) DEC 28 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.
(c) City or town St. Louis.
(If outside city or town limits write "RURAL")
(d) Street No. 5800 Arsenal St. 13
(If rural, give location)
(e) If foreign born, how long in U. S. A.? American. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27,
year 1940 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from September 12, 1940 to December 27, 1940
that I last saw him alive on December 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive myocardial heart failure
hypertension?
Due to Coronary heart disease & infarct
Arteriosclerosis, generalized
Due to Alcoholic & cirrhosis

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

Major findings: Of operations !
Of autopsy None

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) _____
(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 N.R. Bierman, M.D. (M. D. or other)
Address _____ Date signed 12/27/40

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

John P. Burdick

Licensed Embalmer No. *1674*

P. O. Address *2223 Soliman St*

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.