

FILED OCT 28 1942 318

State File No. 8717

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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:  
**1227 McLaran 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..... **000**  
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL.")  
(d) Street No..... **1227 McLaran Ave** (If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME

**Mathilda Henkel**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Widow**  
6. (b) Name of husband or wife..... **William Henkel** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **September 12, 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75** **1** **7** hr. min.

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

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Mr. Otto C. Schweitzer**  
13. Birthplace..... **1227 McLaran Ave St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Unknown**  
15. Birthplace..... **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Unknown**  
(b) Address..... **Unknown Germany**

17. (a) Entombment..... (b) Date thereof..... **10/22/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Mausoleum**

18. (a) Signature of funeral director..... **Math Hermann & Son**

(b) Address..... **1227 McLaran Ave**

19. (a) **OCT 21 1942** (b) **J. F. Busch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **19th**  
year..... **1942** hour..... **1:15 PM** minute..... M.

21. I hereby certify that I attended the deceased from..... **May 9**  
19..... **41** to..... **Oct 19** 19..... **42**  
that I last saw her..... alive on..... **Sept. 30** 19..... **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myo. Carditis** Duration.....  
**Chronic Myofasciature** **2 yrs +**  
Due to..... **arterio sclerosis**  
**Cardio Renal vascular disease** **2 yrs +**

Other conditions.....  
(Include pregnancy within 3 months of death) **12/1**

Major findings:  
Of operations..... **12/1**  
Of autopsy..... **12/1**

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.....  
(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..... **W P Hamilton** (M. D. or other) **M.D.**  
Address..... **836 3 Halls Ferry** Date signed..... **Oct 20, 1942**

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

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**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 Francis A. Williamson  
Licensed Embalmer No. 3565  
P. O. Address St Louis Mo

**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.**