DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34072

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

1. PLACE OF DEATH:
(a) County Jefferson County
(b) City or town ~~House Springs R.R. #1~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Highway #30~~ Rural Rock Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community #

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town House Springs R.R. 1. (If outside city or town limits, write "RURAL")
(d) Street No. Highway #30. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME KATIE HENRICKS
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 MARRIED
6. (b) Name of husband or wife Lafayette Henricks
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased December (Month) 22 (Day) 1875 (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil
11. Industry or business ____
FATHER
12. Name Eshman
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Lafayette Henricks
(b) Address R.R. 1 House Springs Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation St Martins Evangical
18. (a) Signature of funeral director Louis H. Bapp
(b) Address Fenton, Missouri
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20 year 1942 hour 8:20 minute A M.
21. I hereby certify that I attended the deceased from July 1, 1942, to October 20, 1942; that I last saw her alive on October 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcoma of Liver	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations none
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature H. Walton (M. D. or other)
Address Fenton, Mo Date signed 10/20/42

(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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo

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

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

2B
1-41
9288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34072

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 39

1. PLACE OF DEATH

(a) County Jefferson-Township
(b) City or town Rock Wood Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town House Springs RR1
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #30
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katie Henricks

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Lafayette
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 22 (Day) 1885 (Year)

8. AGE: Years 66 Months 9 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Fishman
13. Birthplace Unk (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Lafayette Henricks
(b) Address House Springs, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Martins Evangical
18. (a) Signature of funeral director Louis H. Bapp Inc
(b) Address Fenton, Mo.
19. (a) 12/5/42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1942 hour 8:20 minute A M.
21. I hereby certify that I attended the deceased from July 1 1942 to Oct 20 1942
that I last saw him alive on Oct 20 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lungs	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature M Dalton (M. D. ~~or other~~)
Address Fenton, Mo Date signed 10/20/42

SUPPLEMENTARY

5-34072 1942