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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1943

818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19680

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5660

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community 56 Years

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. 2030 E. Harris Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred Henke

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 Ella Chamberlin Henke

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

7. Birth date of deceased September 12, 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 7 If less than one day hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

MOTHER

14. Maiden name Unknown

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

16. (a) Informant Mrs Ella A. Henke

(b) Address 2030 E. Harris Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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

(b) Address 2161 East Fair Ave

19. (a) JUN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1943 hour 7:12 PM minute M.

21. I hereby certify that I attended the deceased from June 5, 1943, to June 19, 1943, that I last saw him alive on June 19, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to toxic nephritis following

Due to acute cholecystitis with suppuration pores

Due to Chr. arteriosclerotic nephritis

Other conditions Art. Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 131

Duration
5 days
6 days
7 days

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 C. Kleinschmidt (M. D. or other)

Address 827 Metropolitan Bldg Date signed 6/21/43

(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 Wilford G Burnley

Licensed Embalmer No. 4202

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.