

FILED SEP 30 1944 818

State File No. _____

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 8194

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2353 South 39th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years (Specify whether 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. 2353 South 39th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ (1)

3. (a) PRINT FULL NAME Mrs. Anita L. Henckler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Hugo Henckler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 10 _____ hr. _____ min.

9. Birthplace Carlinville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Leonard H. Hall
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Simon
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Hugo Henckler
(b) Address 2353 South 39th Street

17. (a) Burial (b) Date thereof Sept. 27, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marchs Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H., INC.
(b) Address 1936 St. Louis Avenue

19. (a) SEP 26 1944 (b) J. F. Bralich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
year 1944 hour _____ minute 4 A.M.

21. I hereby certify that I attended the deceased from Sept. 24 1944 to Sept. 25 1944.
that I last saw him alive on Sept. 25 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Head of Pneumonia Duration 16 days

Due to Hog

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

Major findings: Caravan / Head of Pneumonia - 9/25/44 PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
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 [Signature] (M. D. or other) VMD
Address 3606 Cham Date signed 9/25/44

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

Dr. Wm. Weinberg
3606 Broadway

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.....

Felix J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St Louis

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.