

V. S. No. 2
00M-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32387

State File No. _____

FILED NOV 1 1944

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9101

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

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

(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether _____)

In this community Life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 2142 Fairhaven Drive
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Robert Carl Henke

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

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

7. Birth date of deceased: August 28, 1939.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 1 27 hr. _____ min.

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

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER { 12. Name Herman C. Henke

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

14. Maiden name Thelma Dawson

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

16. (a) Informant Mrs. Thelma Henke

(b) Address 2142 Fairhaven Drive, Jennings.

17. (a) Burial (b) Date thereof Oct. 28, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) OCT 26 1944 (Date received local registrar)

J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th
year 1944 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from 1939, 19____, to _____, 19____;
that I last saw him alive on 10-25, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death:

peritonitis (septic) 1 day
peripheral venous thromboses (ruptured) 2-3 days

Due to _____

Due to Heart block } on operating table
Collapsus

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations as above 12/1/1

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? _____

(Specify type of place) _____

(Specify means of injury) _____

23. Signature [Signature] (M. D. or other) _____

Address 3720 Washington Date signed 10/26/44

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 A. Mlesiac

Licensed Embalmer No. 4186

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.