

S. No. 2
M-5-43
7. 5-17-39
P 1 X36671

FILED AUG 9 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6626

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 2 Weeks
(Specify whether _____)
In this community 34 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5540 Hodiamont Ave
(If rural, give location) NR 0
(e) Citizen of foreign country? Yes (Yes or No) 1
--If yes, name country Germany

3. (a) PRINT FULL NAME Dorothy E. Henke
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 Paul W. Henke
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 2 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 0 27 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Herman Lemke
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul W. Henke
(b) Address 5540 Hodiamont Ave

17. (a) Burial (b) Date thereof July 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) JUL 29 1946 (b) J. F. Prodeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 5 minute A M.
21. I hereby certify that I attended the deceased from 9-18-44
7-29-46 19____ to _____ 19____
that I last saw h. e. r. alive on 7-21-46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Hypertension, acute, with
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83

Major findings: Of operations Spine, entire left lobe of brain
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) (c) Means of injury _____
23. Signature Wayne G. Gola (M. D. or other) _____
Address 2739 W. Grand Date signed 7-28-46

Duration

15 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Jorda 2139 N. Grand St. - 1870
12-5 pm

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. McInnes
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.