

FILED MAR 18 1947

1003

2351

Registration District No.

Primary Registration District No.

Registrar's No.

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:
City Hospital 1 Day
(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)

3. (a) PRINT FULL NAME

Caroline 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 Widow

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

7. Birth date of deceased: Sep 22 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation: House Work

11. Industry or business

MOTHER FATHER

12. Name: Michael Metzger
 13. Birthplace: Germany
(City, town, or county) (State or foreign country)
 14. Maiden name: Not known
 15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Anthony Henke
 (b) Address: 1419 Angelrodt Str 1943

17. (a) Burial (Burial, cremation, or removal) (b) Date there: March 10 Th
(Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem

18. (a) Signature of funeral director: Edward Koch

(b) Address: 3516 N14 Th Str

19. (a) MAR 7 (Date received local registrar) (b) J. J. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1419 Angelrodt Str
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3-5-47 day _____ year _____ hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from February 2nd 1945, to March 5, 1947, that I last saw her alive on March 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to: Diabetes Mellitus
Chronic Nephritis

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

Major findings: _____
 Of operations: _____

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: Nicholas Heym (M. D. or other) _____
 Address: 1105 Salisbury Date signed 3-6-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Ronald Yankee®*.....
Licensed Embalmer No..... *3917*.....
P. O. Address..... *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.