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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7399

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 460

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Valley Park,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mall Nursing Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months, (Specify whether
In this community 7 Months,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 16
(c) City or town Hollow, 0
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #50 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Oscar C. Hencken,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased July 3, (Month) 1880 (Day) (Year)

8. AGE: Years 66 Months 7 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own farm

FATHER
12. Name August Krueger, 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Hencken
15. Birthplace St. Louis Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Eugene Hencken,
(b) Address Pacific, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Hencken Private Cemetery

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 2-25-47 (Date received local registrar) (b) Ruth S. Allen, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21, year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1947 to Feb 21, 1947 that I last saw him alive on Feb 19th, 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Bronchitis	2 days
Hypertensive Cardio Renal Disease	
Due to Arthritis Deformans (Generalized)	8 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 1310	

Major findings:
Of operations
Of autopsy

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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature O. Deshaught (M. D. or other) MD
Address Webster Groves Mo Date signed 2/22/47

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.