S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40379

FILED NOV 26 1947

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 2395

96
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11-26-47 PM 50 T

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town Florissant 10
(If outside city or town limits, write "RURAL")
(d) Street No. 389 St. Catherine 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME J. Bernard Henke
3. (b) If veteran name war —
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Anna Gerbes
6. (c) Age of husband or wife if alive Decd years
7. Birth date of deceased 6 (Month) (Day) 1887 (Year)

8. AGE: Years 60 Months 5 Days If less than one day hr. min.

9. Birthplace Florissant (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business "

FATHER
12. Name Benard Henke
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name
15. Birthplace Florissant (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Benard Henke
(b) Address 540 Hyatt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation SACRED HEART Cemetery
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson Mo
19. (a) 11-21-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th 19
year 1947 hour 8 44 minute 57 P.M.

21. I hereby certify that I attended the deceased from 11-15-, 1947 to Nov. 16 1947
that I last saw him alive on Nov 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia both lower lobes & consolidation on left — Duration 23 wks
Due to Chronic alcoholism & exposure — 40 yrs.
Due to 107
Other conditions Hepatomegaly - Cirrhosis; toxic hepatitis?; Shock; Multiple decubitus
(Include pregnancy within 3 months of death)
Major findings:
Of operations Two operations
Of autopsy no autopsy.

PHYSICIAN
Underline the cause of 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) 0
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) While at work? (e) Means of injury 0

23. Signature B. Smith Jr. M.D. (M. D. or other)
Address 601 S. Brentwood Clayton, Mo. Date signed 11-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 28 1947

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.