S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6474

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2231

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 hours. (Specify whether years, months or days)
In this community 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2009a Obear
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marion Adele Henke
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Nil
6. (c) Age of husband or wife if alive Nil years
7. Birth date of deceased February (Month) 11 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	22	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Glennon Henke
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Marion Aubuchon
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Glennon Henke
(b) Address 2009a Obear
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) MAR 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1948 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from FEB 11, 1948, to MARCH 3, 1948; that I last saw him alive on MAR 2 nd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute catarrhal enterocolitis	
Due to (Diarrhea)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Acute catarrhal enterocolitis + dehydration

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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Albert J. Mogel (M. D. or other)
Address 2739 N. Grand Date signed 3-4-48

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

WRITE PLAINLY—USING 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: Neville S. Grohwitter

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.