

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18027

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 6040		
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Overland</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Overland</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>8947 Forest Avenue</i>				d. STREET ADDRESS (If rural, give location) <i>8947 Forest Avenue</i>				
3. NAME OF DECEASED (Type or Print) <i>ELEANOR HENKE</i>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>April 27, 1949</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>2-9-1884</i>		
9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Post Office</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Joseph Henke</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Knittel</i>			14. NAME OF HUSBAND OR WIFE <i>-----</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs. Mary Abel, 8947 Forest Ave.</i>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. Cardio Vascular Disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Cerebral Apoplexy</i>					INTERVAL BETWEEN ONSET AND DEATH <i>Sept 1948</i>	
19a. DATE OF OPERATION <i>---</i>		19b. MAJOR FINDINGS OF OPERATION <i>---</i>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>---</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>---</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>---</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>---</i>				
22. I hereby certify that I attended the deceased from <i>Sept 31, 1948</i> , to <i>April 27, 1949</i> , that I last saw the deceased alive on <i>Sept 26, 1949</i> , and that death occurred at <i>9:55 PM</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree of title) <i>Albert J. Moynihan</i>				23b. ADDRESS <i>402 2739 No Grand Bl.</i>		23c. DATE SIGNED <i>APR 28 1949</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-2-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>4-29-49</i>		REGISTRAR'S SIGNATURE <i>Harold L. Lunge</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. A. Stock Mortuary, 2117 E. Grand</i>				

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

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M. J. Co

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Frank A. Moore*

Signed.....
Student Embalmer :

Licensed Embalmer No. 3041

P. O. Address 2117 E. Sun

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.