

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28148

7371

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7371				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI, b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, Jennings 4-6						
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL				d. STREET (If rural, give location) 5807 JANET AVE						
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) MAY		c. (Last) HENGEN		4. DATE OF DEATH (Month) (Day) (Year) AUG, 22, 1949				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH AUG, 27, 1869		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME DAVID HUSTON			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE NICK HENGEN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ZORA SCHNEEBERG 5807 JANET AVE						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia - bilateral</u>				ANTECEDENT CAUSES				(2)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Delicacy of Emaciation due to</u>						
				DUE TO (c) <u>Carcinoma of Pancreas</u>				(2)		
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>with metastases.</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		Hb 9				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1-5-49						
22. I hereby certify that I attended the deceased from July 25, 1949, to Aug 22, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 12:20 a.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Robert T. Polak, M.D.				23b. ADDRESS 5575 Delmar,		23c. DATE SIGNED 8-24-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/25/49		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MISSOURI				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 24 1949 J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE								

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.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.