

No. 300
 1948
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18260**
 Registrar's No. **4942**

#111886

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 18260		Registrar's No. 4942					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) St Louis			2079				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS 7328 Gravois									
3. NAME OF DECEASED (Type or Print)		a. (First) OSCAR		b. (Middle) _____		c. (Last) HENRICKS		4. DATE OF DEATH (Month) (Day) (Year) June 3rd, 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar 15, 1886		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) High Ridge, Mo.			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Henry Henricks				13b. MOTHER'S MAIDEN NAME Mary Toy			14. NAME OF HUSBAND OR WIFE Emma Henricks						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Emma Henricks						ADDRESS 7328 Gravois	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u><i>Carcinoma of the Recto sigmoid</i></u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u><i>Carcinoma</i></u> DUE TO (c) _____													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION 6/2/50		19b. MAJOR FINDINGS OF OPERATION <u><i>Intestinal obstruction perforation of caecum generalized peritonitis</i></u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., by car, boat, home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____			21d. (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1524X							
22. I hereby certify that I attended the deceased from <u><i>5/31/50</i></u> , 19 <u><i>50</i></u> , to <u><i>6/3/50</i></u> , 19 <u><i>50</i></u> , that I last saw the deceased alive on <u><i>6/3/50</i></u> , 19 <u><i>50</i></u> , and that death occurred at <u><i>4:15am</i></u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u><i>H. Moorman M.D.</i></u>						23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 6/3/50				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/6/50		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery			24d. LOCATION (City, town, or county) (State) St Louis County, Mo.						
DATE REC'D BY LOCAL REG. JUN 5 1950		REGISTRAR'S SIGNATURE <u><i>J. B. Sauter</i></u>				25. FUNERAL DIRECTOR'S SIGNATURE John L Ziegenhein & Sons			ADDRESS 7027 Gravois				

(Licensed Embalmer's Statement on Reverse Side)

Milled

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *W. G. Peterson*

Signed.....
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *St. Louis 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.