

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25543

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 2002	Registrar's No. 1672
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4346		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7380 Kingsbury Blvd.		d. STREET ADDRESS (If rural, give location) 7380 Kingsbury B lvd.		
3. NAME OF DECEASED (Type or Print) Dr. Andrew		a. (First) C.	b. (Middle) Henske	c. (Last)
4. DATE OF DEATH July 9, 1950				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED D.	8. DATE OF BIRTH Dec. 15, 1883	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Dr. Andrew A. Henske		13b. MOTHER'S MAIDEN NAME Theresa Klaren	14. NAME OF HUSBAND OR WIFE Mrs. Mary Jane Henske	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mary Jane Henske, 7380 Kingsbury Blvd.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis - 2 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 470.1		20. AUTOPSY? YES <input 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)	
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?	
22. I hereby certify that I attended the deceased from 6/15, 1950, to 7/9, 1950, that I last saw the deceased alive on 7/7, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Edward Henske M.D.		(Degree or title)	23b. ADDRESS 607 N Grand	23c. DATE SIGNED 7/10/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 7-10-50		REGISTRAR'S SIGNATURE Herbert R. Womse	FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 840 Lindell Blvd.

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

NOV 21 1951

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 Thomas R Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lundell

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.