

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 34908

318

Registrar's No. 9122

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. CITY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2069					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1317 Temple Place				6 STREET ADDRESS (If rural, give location) 1317 Temple Place 0					
3. NAME OF DECEASED (Type or Print) Catherine Henke			a. (First) Henke		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) October 26th, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 7th, 1883	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Roemer			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Late Henry Henke			
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 Mrs. Emma Pettker, 1317 Temple Place		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration						9 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma							
		DUE TO (c) Chr. Bronchitis							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		241X			
22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Oct. 25, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 3:00 A m., from the causes and on the date stated above.									
23a. SIGNATURE C. Klainschmidt M.D.				23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 10/26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/50		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. OCT 27 1950		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.				

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

508 N. Grand Street,
St. Louis, Mo.
2 to 4 pm

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.....
Student-Embalmer

Signed *John A. Milner*

Licensed Embalmer No. *4186*

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.