

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1589

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 2

502

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rock Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Beck, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Beck, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Lillie Henke</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 8, 1951</b>
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 5, 1880</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Days <b>3</b>	IF UNDER 1 HR. Hours	Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Kimmswick, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>John Brenn</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Niehoff</b>	14. NAME OF HUSBAND OR WIFE <b>Christ Henke</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>*****</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Christ Henke</b>	ADDRESS <b>Arnold, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4222</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Arnold Jefferson Mo</b>
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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?
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22. I hereby certify that I attended the deceased from 1926, 1926, to Jan 8, 1951, that I last saw the deceased alive on Jan 6, 1921, and that death occurred at 7 A. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Heck M.D.</b>	23b. ADDRESS <b>Kimmswick, Mo</b>	23c. DATE SIGNED <b>1/8/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 11, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>	24d. LOCATION (City, town, or county) (State) <b>Beck, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 13, 51</b>	REGISTRAR'S SIGNATURE <b>Mrs Ruth Jivan</b>	438	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heiligtag Funeral Home</b>	ADDRESS <b>Kimmswick, Mo.</b>
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 1-16-51

JAN 29 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.....  
Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 3041

P. O. Address Kimmswick, 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.