

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED DEC 8 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No.		Registrar's No. <u>10649</u>	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (In this place) <u>3 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4541 Harris Avenue</u>					d. STREET ADDRESS (If rural, give location) <u>4541 Harris Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Saundra</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Henke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1951.</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec./2/1947</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Henke Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Mary Houston</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Henke Jr. 4541 Harris Avenue</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lymphosarcoma of abdomen</u> DUE TO (c) <u>Lymph nodes</u>						Interval between onset and death <u>1 hr</u> <u>3 mo</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>9-1-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>inoperable malignancy</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>2001</u>					
22. I hereby certify that I attended the deceased from <u>11-24, 1948</u> , to <u>11-29, 1951</u> , that I last saw the deceased alive on <u>11-26, 1951</u> , and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H.C. Wachter, MD</u>				23b. ADDRESS <u>Beaumont Bldg.</u>			23c. DATE SIGNED <u>11-30-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/1/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elwood Indiana Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elwood, Indiana</u>			
DATE REC'D BY LOCAL REG. <u>NOV 30 1951</u>		REGISTRAR'S SIGNATURE <u>Via Rail</u> <u>J. Paul Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Horner W. Fritz

Licensed Embalmer No.

3882

P. O. Address.....

St Louis

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.