

DECEASED 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33023

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8679

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5946a Highland Ave.		d. STREET ADDRESS (If rural, give location) 5946a Highland Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Gertrude c. (Last) Henke			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1952		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.	8. DATE OF BIRTH Aug. 14, 1899	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR 1 Months 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.					

13a. FATHER'S NAME John F. Kaske		13b. MOTHER'S MAIDEN NAME Ann Renzek		14. NAME OF HUSBAND OR WIFE Mr. Clarence 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 ADDRESS Mr. Clarence Henke, 5946a Highland Ave.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
	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.		

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4200</i>

22. I hereby certify that I attended the deceased from *May 4, 1950*, to *Sept. 16, 1952*, that I last saw the deceased alive on *Sept 6, 1952*, and that death occurred at *6:45 am*, from the causes and on the date stated above.

23a. SIGNATURE <i>R.V. Powell M.D.</i> (Degree or title)	23b. ADDRESS <i>3770 Washington</i>	23c. DATE SIGNED <i>9-16-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 19, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>
		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>

DATE REC'D BY LOCAL REG. <i>SEP 16 1952</i>	REGISTRAR'S SIGNATURE <i>J. C. Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Arthur J. Donnelly</i>	ADDRESS <i>3840 Lindell Blvd.</i>
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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 *Wm S. S. S.*

Licensed Embalmer No. *4699*

P. O. Address *St Charles 24*

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.