

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40273**

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10450**

| | | | |
|---|--|---|----------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | a. STATE Missouri | b. COUNTY St. Louis |
| c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | d. STREET ADDRESS (If rural, give location) 4214 Jennings Road. | |

| | | | | | |
|--|-------------------------------|---|---|------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Helen | b. (Middle) | c. (Last) Hanke. | (Month) Nov. | (Day) 11. | (Year) 1952. |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 27, 1903. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and State or Foreign Country) New Minden, Illinois. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | |
|---|--|--|
| 13a. FATHER'S NAME August Hesemann | 13b. MOTHER'S MAIDEN NAME Mary Meinert. | 14. NAME OF HUSBAND OR WIFE Edwin W. Hanke. |
| 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 Mr. Edwin W. Hanke. |
| | | ADDRESS 4214 Jennings Road. |

| | | | |
|---|--|--|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage to left hemisphere | | INTERVAL BETWEEN ONSET AND DEATH 14 days second year week |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Polycystic Kidney | | |
| | 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 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 331X |

22. I hereby certify that I attended the deceased from **12-13, 1951**, to **11-11, 1952**, that I last saw the deceased alive on **11-11, 1952**, and that death occurred at **6:00 Pm.**, from the causes and on the date stated above.

| | | |
|---|-----------------------------------|--|
| 23a. SIGNATURE Wayne O. Gola (Degree or title) MD | 23b. ADDRESS 2739 No Grand | 23c. DATE SIGNED 11-13-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Nov. 14, 1952. | 24c. NAME OF CEMETERY OR CREMATORY St. John Ev. Luth. Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) New Minden, Illinois. |

| | | | |
|---|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG. NOV 13 1952 | REGISTRAR'S SIGNATURE J. C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. | ADDRESS 1936 St. Louis Ave. |
|---|--|--|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

2739 North Grand Blvd.
Newstead 1270

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 Helis J. Krupin

Licensed Embalmer No. 3497

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.