

FILED AUG 20 1954

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

6143

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Florissant ⁴⁰⁵¹	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location) Route 1 Box 65	

3. NAME OF DECEASED (Type or Print)	a. (First) Herman	b. (Middle) Henry	c. (Last) Henke	4. DATE OF DEATH (Month) (Day) (Year) 7--5--1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-30-1906	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) Florissant, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Herman Henke	13b. MOTHER'S MAIDEN NAME Mary Meyer	14. NAME OF HUSBAND OR WIFE Catherine Meyer Henke
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Peptic Ulcer	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 5 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 Abscess Lesser Omental Bursa	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Peptic ulcer ruptured into lesser omental bursa - stomach	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)
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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? 5401
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22. I hereby certify that I attended the deceased from 17 July 1954 to 7/5, 1954, that I last saw the deceased alive on 7/5, 1954, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Marion D. Bishop</i> (Degree or title)	23b. ADDRESS 757 St Francis Florissant, Mo.	23c. DATE SIGNED 6 July 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-8-1954	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Florissant, Mo.
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DATE REC'D BY LOCAL REG. JUL 7 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS White Chapel, Ferguson, Mo.
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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.....
Signature of Student Embalmer

Signed *L. M. White*.....

Licensed Embalmer No. *397*

P. O. Address *Terre Haute*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.