

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021044

INDEXED

FILED VS. MAY 18 1960

318

Primary Registration District No. 1003

Registrar's No. 4886

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>2 DAYS</b>		c. CITY OR TOWN <b>EDWARDSVILLE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>John Cochran Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1444 EBERHARDT</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>C.</b> Middle <b>EDGAR</b> Last <b>HENKE</b>				4. DATE OF DEATH Month <b>5</b> Day <b>9</b> Year <b>1960</b>									
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/4/20</b>		9. AGE (last birthday) <b>40</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAR TENDER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>		11. BIRTHPLACE (City and state or country) <b>STAUNTON, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>HENRY HENKE</b>				13b. MOTHER'S MAIDEN NAME <b>ANNIE NEIDERSCHUTTE</b>				14. NAME OF HUSBAND OR WIFE - - - - -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>				16. SOCIAL SECURITY NO. <b>332-09-9084</b>		17. INFORMANT <b>MRS. ANNIE HENKE (MOTHER)</b>		Address <b>144 EBERHARDT EDWARDSVILLE, ILL.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEPATIC COMA</b> DUE TO (b) <b>LAENNEC'S CIRRHOSIS OF LIVER</b> DUE TO (c) <b>- - - - -</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>581-1-</b>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>CELLULITIS AND ABSCESS OF RIGHT LEG WITH SEPTICEMIA</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour <b>VA</b> a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <b>5/7/60</b> to <b>5/9/60</b> and last saw <sup>him</sup> alive on <b>5/9/60</b> Death occurred at <b>7:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>W.B. Gedney M.D.</b> (Degree or title)						22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>			22c. DATE SIGNED <b>5/9/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-9-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Spangle Cemetery</b>		23d. LOCATION (City, town, or county) <b>Olive Twp., Madison Co., Ill</b>		(State)					
24. FUNERAL DIRECTOR <b>Weber Funeral Home Edwardsville, Ill.</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Joan Smith, M.D.</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mgs

APR 9 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Philip Weber Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Philip Weber

Licensed Embalmer No. 4986

P. O. Address Edwards

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.