

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
FILED NOV 10 1961											
Registration District No. 318			Primary Registration District No. 1003			Registrar's No. 9838			-61-038680 STATE FILE NUMBER		
1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis						Length of stay in 1b			c. CITY OR TOWN Owensville		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print)						4. DATE OF DEATH			5. AGE (last birthday)		
First Middle Last Leland Osborne Henneke						Month Day Year 10/24/61					
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/28/1912		9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator				10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and state or country) Owensville, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Ferdinand Henneke				13b. MOTHER'S MAIDEN NAME Emma Horstman				14. NAME OF HUSBAND OR WIFE Gladyce Henneke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2				16. SOCIAL SECURITY NO.		17. INFORMANT Gladyce Henneke, Owensville, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho Pneumonia; Trauma of spinal cord;</u> <u>suicidal act owing gunshot wound inflicted when</u> <u>deceased was shot with gun in hands of one</u> <u>Robert Julius, on April 23rd 1960, at Owensville,</u> <u>Missouri</u> DUE TO (c) <u>Homicide</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 981X See above			
20c. TIME OF INJURY Hour Month, Day, Year p.m. 4-23-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ?		20f. CITY, TOWN, OR LOCATION Owensville, Mo.		COUNTY		STATE	
21. I attended the deceased from <u>7:57 A</u> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Robert L Taylor, Coroner</u>						22b. ADDRESS <u>1300 Clark Ave.</u>			22c. DATE SIGNED <u>10-25-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/28/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Owensville Cemetery, Owensville, Mo.</u>			23d. LOCATION (City, town, or county)		(State)		
24. FUNERAL DIRECTOR <u>Schrader Funeral Home, Ballwin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 25 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>					

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 25 1962  
JUN 7 2 1962  
NOV 14 1961  
NOV 28 1961  
MAR 27 1962  
DEC 9 1961  
DEC 22 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Richard Popp

Licensed Embalmer No. 4584

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