MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016872
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED MAY 10 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4640

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hosp. Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 837 Melvin Ave. Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Sophia Middle E. Last Henkel
4. DATE OF DEATH: Month 5 Day 5 Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 11/1/74
9. AGE (last birthday): 87
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Kingston, N. Y.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Sahloff
13b. MOTHER'S MAIDEN NAME: Elizabeth Schleede
14. NAME OF HUSBAND OR WIFE: Albert W. Henkel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Elizabeth A. Henkel, 837 Melvin Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 da
DUE TO (b) Possible myocardial infarction
DUE TO (c) Arteriosclerosis moderate
420.1 F
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c).
Fall Apr 25-1962
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PEREORMED? YES [X] NO [ ]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell coming out of lavatory in office building
20c. TIME OF INJURY 11 Hour a.m. Month, Day, Year 4-25-62
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) My office Bldg
20f. CITY, TOWN, OR LOCATION: 3121 N Grand St Louis COUNTY STATE Mo
21. I attended the deceased from 1930, to 5-5-62 and last saw her/him alive on 5-5-62
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Clarence H. Kilker M.D.
22b. ADDRESS: 3121 N Grand St Mo
22c. DATE SIGNED: 5-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 5/8/62
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county): St. Louis County (State) Mo.
24. FUNERAL DIRECTOR: Drehmann-Harral ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: MAY 7 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	208		5-7-
3			
4	1		
5	2		
6			
7	1		
8	1		
9			
10			
11			
12	68		
13			

BY AFFIDAVIT OF DOCUMENT

Dr. C. H. Kilker
3121 N. Grand
Je. 5-6900
Hrs. 10-12 Mon.

Take to Jos. Quinn
City Coroner's Office
for okey

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 Warren A. Carver

Licensed Embalmer No. 353 X

P. O. Address _____

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.