

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025488

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1789

FILED JUN 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Arbor Terrace</b>		Length of stay in 1b <b>29 yrs.</b>	c. CITY OR TOWN <b>Arbor Terrace</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mother of Good Council</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6825 Natural Bridge</b>
3. NAME OF DECEASED (Type or print) First <b>CLARA</b> Middle <b>HENKEL</b> Last <b>HENKEL</b>		4. DATE OF DEATH Month <b>June</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>Female</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>1/16/1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) <b>70</b>
11a. FATHER'S NAME <b>Nicholas Henkel</b>		11b. MOTHER'S MAIDEN NAME <b>Julia Gerke</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. SOCIAL SECURITY NO. <b>None</b>	
13a. FATHER'S NAME <b>Nicholas Henkel</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Gerke</b>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14b. SOCIAL SECURITY NO. <b>None</b>	
15. FATHER'S NAME <b>Nicholas Henkel</b>		15b. MOTHER'S MAIDEN NAME <b>Julia Gerke</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16b. SOCIAL SECURITY NO. <b>None</b>	
17. FATHER'S NAME <b>Nicholas Henkel</b>		17b. MOTHER'S MAIDEN NAME <b>Julia Gerke</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>Decubitus Ulcers</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid Arthritis</b>		18b. INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>none</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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.) <b>none</b>	20f. CITY, TOWN, OR LOCATION <b>none</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>Mar 1 1953</b> to <b>June 11 1962</b> and last saw her <b>June 11 1962</b> alive on <b>June 11 1962</b> Death occurred at <b>5:55 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. E. Staebke MD</b> (Degree or title)		22b. ADDRESS <b>7124 Natural Bridge</b>	
22c. DATE SIGNED <b>June 11 62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6/12/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Evergreen Park, Ill.</b>		23e. STATE _____	
24. FUNERAL DIRECTOR <b>Cullen Kelly</b> ADDRESS <b>7267 Natural Bridge</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-62</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy Md.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

**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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.