

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

9120-62-036249
STATE FILE NUMBER

318

1003

Registration District No. 318 Primary Registration District No. _____ Registrar's No. _____

FILED SEP 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>---</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>8 mo.</u>	c. CITY OR TOWN <u>Maplewood</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7479 Hazel</u>
3. NAME OF DECEASED (Type or print) First <u>Lenore</u> Middle <u>Henkel</u> Last <u>Henkel</u>		4. DATE OF DEATH Month <u>September</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/13/79</u>
9. AGE (last birthday) <u>82</u>		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) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ferdinand Meyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Henry</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Henkel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Masonic Home of Mo.</u> <u>5351 Delmar Blvd.</u>		Address <u>Carl Stein</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u>			<u>1 1/2 YRS</u>
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			<u>1 1/2 YRS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>---</u>	
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>1/30/62</u> to <u>9/20/62</u> and last saw her <u>xxx</u> alive on <u>9/19/62</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert A. Hall</u>		(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>3902 LAFAYETTE, ST. LOUIS, Mo</u>
22c. DATE SIGNED <u>SEPT. 20, 1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>SEPT 24 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>
23e. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u>		23f. ADDRESS <u>---</u>	25. DATE RECD. BY LOCAL REG. <u>SEP 21 1962</u>
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

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 *Z. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *2906 Maxwell*

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.