

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

MAR 15 1935

7046

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4861**, **Anderson Ave**) St. _____ Ward _____

File No. _____
 Registered No. **1456**

2. FULL NAME

(a) Residence, No. **4861 Anderson Ave** St. _____ Ward **7**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>David Henke</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 27-1873</i>		
7. AGE YEARS <i>61</i>	MONTHS <i>9</i>	DAYS <i>14</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Franklin Mo</i>		
13. NAME <i>Frank Henke</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
15. MAIDEN NAME <i>Hath. Burns</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT (ADDRESS) <i>David Henke 4861 Anderson Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>First 4th St. Cont</i> DATE <i>Feb. 13 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Gravesbury and Co 4750 W. Florissant Ave</i>		
20. FILED <i>FEB 14 1935</i> 19 <i>J. H. Bredbeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 10th* 1935

22. I HEREBY CERTIFY, That I attended deceased from *Oct.* 1927, to *Feb 10th*, 1935
 I last saw her alive on *Sun Feb 10*, 1935. Death is said to have occurred on the date stated above, at *4:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Hypertrophic Cirrhosis of Liver (Date of onset *10 yrs.*)
Chronic Interstitial Nephritis
 Other contributory causes of importance:
Hypertension
Chronic Intestinal Nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? *Clinical symptoms* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *Dr. P. M. Zimmerman D. C. M. D.*
 (Address) *8219 N. Broadway*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

