

26 1939

23rd JUL 8 1939

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

23165
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784
(b) Township Boonville 1 Primary Registration District No. 200
(c) City Chesterfield (d) Street No. Pond Road St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 1125

2. PRINT FULL NAME

(a) Residence, No. 520 Henry T. Henke
Chesterfield, Mo. R.#1 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Henke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Musician
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 30 yrs.
10. Date deceased last worked at this occupation (month and year) 1909 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Henry H. Henke 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Henke
Chesterfield, Mo. R.#1

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Antioch Cem.
PLACE Antioch, Mo. DATE 12/27/39 '19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Funeral Home
Baltimore, Mo.

20. FILED JUN 26 1939 D. R. Maynard
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939 to June 23, 1939
I last saw him alive on June 23, 1939 Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset

Other contributory causes of importance: Senility 46

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? no

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? no
If so, specify _____
(Signed) Henry Scott, M. D.
(Address) Baltimore, Mo.

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.

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.....

....., Registered Apprentice No. ^V.....

working under my personal supervision.

Signed

Theo. Schirady

Licensed Embalmer No. ³⁰⁶⁶.....

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 this body is not embalmed, above space should be left blank.