

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 178 Primary Registration District No. 200 Registrar's No. 1712

1. PLACE OF DEATH: (a) County St. Louis (b) City or town Summers (c) Name of hospital or institution M.O. River Daniel Boone Bridge (d) Length of stay: In hospital or institution _____ (Specify whether _____) In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County 1 (c) City or town St. Louis (d) Street No. 2976 Prairie (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George G. Henschel (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 19 (?) year 1939 hour ?? minute ?? M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married 6. (b) Name of husband or wife Urban Henschel 6. (c) Age of husband or wife if alive _____ years 7. Birth date of deceased: Jan (Month) 12 (Day) 1908 (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Homocide by firearms (revolver) Duration _____

8. AGE: Years 31 Months 8 Days 7 If less than one day hr. _____ min. _____

Due to Gunshot wound of the abdomen. Perforation of abdominal aorta.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

Due to (Thrown into Missouri river to cover up the crime) Recovered from River on Sept 28, 1939.

10. Usual occupation Machinist

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business American Exp. Co.

Major findings: Of operations _____

12. Name George Henschel

Of autopsy _____

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Emma (City, town, or county) Ireland (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Geo G Henschel (b) Address 2976 Prairie

17. (a) Burial (b) Date thereof: 10-2-39 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Care

18. (a) Signature of funeral director Bethany Care (b) Address _____

19. (a) SAT (b) _____ (c) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following: Homocide

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence About Sept 19, 1939

(c) Where did injury occur? Daniel Boone Bridge, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? no (Specify type of place) (e) Means of injury Gunshot

23. Signature John J. Smith (M. D. or other) CH Address Coroner of St. Louis County Date signed 9/30/39

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.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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