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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35222**
Registrar's No. **8718**

Registration District No. **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **717**
(If outside city or town limits, write "RURAL")
(d) Street No. **4861 Anderson Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **--**

3. (a) PRINT FULL NAME **August J. Henke**
(b) If veteran, name war _____ (c) Social Security No. **494-01-3700**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **9** year **1946** hour **7** minute **05 P.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred L. Henke**
6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **October 29, 1902**
(Month) (Day) (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.

8. AGE: Years Months Days If less than one day
43 11 10 hr. min.

Immediate cause of death **Fracture of skull
Acceleration of brain when struck
with the fist of one William Adam
Barnum, 6, 12 Brady, the corner of
Dodge with his head as the Valier
Spice Milling Company 5020
St. Louis, Missouri, 11:30 A.M.
(Include pregnancy within 3 months of death)
Oct 5 1946**

9. Birthplace **Flint Hill, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Head Packer**

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business **Valliers Spiece Milling Co**
12. Name **David W. Henke**
13. Birthplace **Josephville, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Hoebler**
15. Birthplace **Josephville, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mildred L. Henke**
(b) Address **4861 Anderson Ave.**
17. (a) **Burial** (b) Date thereof **Oct. 12 '46**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) **Homicide**
(b) Date of occurrence **Oct 5 1946**
(c) Where did injury occur? **St. Louis, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Work
(Specify type of place) (e) Means of injury **as above**

(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Bromschwig and Son Funeral Home**
(b) Address **4746 W. Florissant Ave.**
OCT 11 1946
19. (a) (Date received local registrar) (b) **J. F. Bredeck**
(Registrar's signature)

23. Signature **Patrick E. Taylor** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **10-11-46**

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..... *W. Wilkins*
Licensed Embalmer No. 3575
P. O. Address.....

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, fact should be so stated above.