

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2580

State File No. ....

Registrar's No. 221

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 221					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		a. STATE Mo		b. COUNTY					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4861 Anderson Ave. 51				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4861 Anderson							
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 8, 1950				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2		8. DATE OF BIRTH July 13, 1864		9. AGE (In years last birthday) 85 5 25		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman (Ret)			10b. KIND OF BUSINESS OR INDUSTRY Flour Mill		11. BIRTHPLACE (State or foreign country) Josephville, Missouri			12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME David Henke			13b. MOTHER'S MAIDEN NAME Anna Vosler			14. NAME OF HUSBAND OR WIFE Deceased							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Herbig Anderson							4861 ADDRESS Anderson	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH 12 yrs		
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterios - Sclerotic Hypertension disease</i>									
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
				DUE TO (b)									
				DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile Dementia</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE, (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>HHHV</i>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1937, to <i>Jan 8</i> , 1950, that I last saw the deceased alive on <i>Jan 7</i> , 1950, and that death occurred at <i>2 P. m.</i> from the causes and on the date stated above.													
23a. SIGNATURE <i>D. C. N. Lindeman M.D.</i>						23b. ADDRESS <i>4176<sup>a</sup> Shreve Ave</i>			23c. DATE SIGNED <i>Jan 9 - 50</i>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1/11/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Flint Hill, Missouri</i>			24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG. <i>JAN 9 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Bromschwig and Son W. Florissant</i>						4748 ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1950

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.

Signed.....  
Student Embalmer

Signed *Elmo R. Sadwell*

Licensed Embalmer No. *4077*

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.