

No. 300  
10-748

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6919

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 379

1. PLACE OF DEATH  
a. COUNTY St. Louis,  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON  
c. LENGTH OF STAY (In this place) 1 Day  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY St. Louis,  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1338 Jennings, Mo.  
d. STREET ADDRESS (If rural, give location) 2104 McLaran

3. NAME OF DECEASED  
a. (First) CORINNE  
b. (Middle) A.  
c. (Last) ROUK

4. DATE OF DEATH (Month) (Day) (Year)  
February, 8, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August, 1st, 1896

9. AGE (In years last birthday) 54  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Henckler

13b. MOTHER'S MAIDEN NAME Anna Stobe

14. NAME OF HUSBAND OR WIFE Harry M. Rouk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Harry M. Rouk, 2104 McLaran,

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) PULMONARY EDEMA  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CARDIAC INSUFFICIENCY  
DUE TO (c) TUMOR OF HEART (MYXOMA?)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 d  
1 mo  
2 yrs?

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
22.6X

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
22.6X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 2-7, 1951, to 2-8, 1951, that I last saw the deceased alive on 2-8, 1951, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert G. Lomke (Degree or title) \_\_\_\_\_

23b. ADDRESS 601 S. Brentwood Clayton

23c. DATE SIGNED 2-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE February 12, 51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D. BY LOCAL REG. 2/9/51

REGISTRAR'S SIGNATURE Robert G. Lomke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Math Hermann & Son, 2161 E. Fair, Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed W. H. G. Buesch  
Licensed Embalmer No. 4207

Signed.....  
Student Embalmer

P. O. Address St. Louis, 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, fact should be so stated above.**