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.

MISSOURI [redacted] HEALTH
BU[redacted]CS

Do not use this space.

38419

File No. 14085

Registered No.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. 1[redacted] St. Ward)

2. FULL NAME Johanna Hen[redacted]

(a) Residence. No. 1308 N 11th St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Hennike

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 23 1893

7. AGE: Years 35 | Months | Days 18 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Dennis Meehan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Johanna Lovett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ireland

14. INFORMANT: Esther Heinrichs
(Address): 1308 N. 11th St.

15. FILED: NOV 10 1928 Mike C. Stark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 10 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Nov 11, 1928, that I last saw her alive on Nov 8, 19..., and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmon

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Bacteriological

(Signed) Robert L. Leber, M. D

Nov 11, 1928 (Address) 1839 S 9th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: 11/13 1928

20. UNDERTAKER: Hannigan & Hagan Undertaking Co

ADDRESS: 4415 Washington