WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42482

1. PLACE OF DEATH

County St Louis Mo — Registration District No. 791 1003 — File No.

Township — Primary Registration District No. — Registered No. 11697

City St Louis Mo (No. 500, Sokingshighway St. Ward)

2. FULL NAME Henning Elbert

(a) Residence. No. 516 Grand St., 12 Ward. Ft Leavenworth Kansas
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-19-28

7. AGE — YEARS — MONTHS — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓ 107A
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 157B
(c) Name of employer ✓ 115B

9. BIRTHPLACE (CITY OR TOWN) Ft Leven worth
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Frank Henning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dakota
(STATE OR COUNTRY) N. D.
12. MAIDEN NAME OF MOTHER Celest Hyman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Ask
(STATE OR COUNTRY) Ky.

14. INFORMANT A. A. Henke
(Address) 500 Sokingshighway

15. FILED 1928 19 May C Starkloff REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1928, to Dec 1, 1928 that I last saw him alive on Dec 1, 1928, and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital malformation of lip & palate - 17 day. Cellulitis upper lip 8 days.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia - broncho, secondary to above. (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Hospital
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 11-19-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) A. C. Edwards, M. D.
12-1, 1928 (Address) 500 S. Kingshighway

*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: National Jeff Bks — DATE OF BURIAL: Dec 2 1928

20. UNDERTAKER: Hoffmeister & Co. — ADDRESS: 781 S. Bdwy