

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.  
**9023**

**1. PLACE OF DEATH**

County..... Registration District No..... **791**  
 Township..... Primary Registration District No..... **1003**  
 City St Louis, Mo (No.....) St..... Ward.....  
 Registered No. **2783**

**2. FULL NAME**

Premature Hennemann  
 (a) Residence. No. 4449 Nebraska St., 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 24 78 / 29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
- - - - 5 hrs. or 30 min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

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

PARENTS

10. NAME OF FATHER Aug Hennemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Corrine Schott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT Aug Hennemann  
 (Address) 4449 Nebraska

15. FILED 1 19 1929 W.C. Starbuck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 28 1929

17. I HEREBY CERTIFY, That I attended deceased from on....., 19....., to 2 28....., 19....., that I last saw him alive on 2 28....., 19....., and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

159 159 congenital Deafness  
due to premature birth  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) G. E. Jones, M. D.

319, 19 24 (Address) Wentworth

\*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 Bible Cem Perry Co Mo DATE OF BURIAL 3 7 1929

20. URDERTAKER Aug Hennemann ADDRESS 4449 Nebraska

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E. - Every item of information should be carefully supplied. AGE should be stated exactly.

