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.

39176

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. Marine Hospital St. ..... Ward)

File No. 11660

Registered No. .....

2. FULL NAME Herman Heninger

(a) Residence. No. 3114 Cherokee St., St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Henninger ~~Widower~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	11	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Water tender

(b) General nature of industry, business, or establishment in which employed (or employer) Aboard river steamer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Louis Heninger

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

12. MAIDEN NAME OF MOTHER Louise Abel

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

14. INFORMANT Walter Schultner
(Address) 3640 Marine Ave. St. Louis, Mo.

15. FILED Nov 20, 19 29 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1929, 19..., to Nov. 26, 1929, 19..., that I last saw him alive on Nov. 26, 1929, 19..., and that death occurred, on the date stated above, at 11:40 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chr.

908 (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Koulhon, M. D.

11-27-29 (Address) 3640 Marine Ave. St. Louis, Mo

*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: SS Peter & Paul Cem

DATE OF BURIAL: 11-29 1929

20. UNDERTAKER: Weick Bros Undt Co

ADDRESS: 2201 Grand

Leo. H. O. Wilson