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.

18067

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. De Paul Hospital St. ..... Ward)

File No. .....

Registered No. 2439

2. FULL NAME Henry Henning

(a) Residence. No. 5133 Ashland St., 6 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	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 Abbigail Henning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Broker 121
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis 1

PARENTS

10. NAME OF FATHER Not ascertainable

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ma Lemoine 21

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT H. Clay Henning
(Address) 5133 Ashland

15. FILED FEB 24 1931 19 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Feb 22, 1931 that I last saw him alive on Feb 22, 1931 and that death occurred, on the date stated above, at 11 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59
132 Diabetes Mellitis
83A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis 2 years
Cerebral Hemorrhage 6 days
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis + Physical

(Signed) Geo B Kroeger, M. D.

2/23, 1931 (Address) 3442 Geraldine Av

*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	DATE OF BURIAL
Calvary	Feb 25 1931

20. UNDERTAKER Hanigan & Sheahan

ADDRESS 4405 Washington