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.

FEB 27 1934

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

Do not use this space.

3286

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. St. Lukes Hosp ..... St. ..... Ward)

File No. 948

Registered No. .....

2. FULL NAME William F. Henning

(a) Residence, No. ..... St. N.R. Ward. St. Charles Mo.
(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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10-1859.

7. AGE: Years 74 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Henning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert Henning St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles Mo DATE Jan. 27, 1934

19. UNDERTAKER (ADDRESS) Jos. F. Calorh. 1125 Hodiamont A.

20. FILED ..... 19 ..... J. F. Bieleck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1933, to Jan 23, 1934

I last saw him alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at 8 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	
Uremia - Septicemia	
Cardiac Failure	
13	
132.6	
410	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 10/17/33

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Otto J. Mittelbach, M. D.

(Address) 220 Chem. Chem Bldg.

2 + 6 P.M.
University Club Bldg.