

OCT 14 1937

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

32388  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **203**  
(c) City **St. Louis** (d) Street No. **4339 Bingham Ave.** Registered No. **8442**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Andrew Joseph Hennerich**

(a) Residence, No. **4339 Bingham Ave.** St. **13**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21st, 1875**

| 7. AGE    | YEARS     | MONTHS    | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|-----------|-----------|-----------|------|--|
| <b>61</b> | <b>11</b> | <b>15</b> |      |  |

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Night watchman**

9. Industry or business in which work was done, as 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) **St. Louis Mo.**

FATHER 13. NAME **Andrew J. Hennerich**

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

MOTHER 15. MAIDEN NAME **Caroline Oehler**

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

17. INFORMANT **Emma Hennerich**  
(ADDRESS) **4339 Bingham Ave.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **New St. Marcus** DATE **Sept. 8th, 1937**

19. FUNERAL DIRECTOR **William Schumacher**  
(ADDRESS) **3013 Meramec Street**

20. FILED **SEP 8 1937**  
**Beck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5th/ 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 15, 1937** to **Sept 5th, 1937**  
I last saw h. **in** alive on **Sept 4th, 1937** Death is said to have occurred on the date stated above, at **10/30pm**

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

**Carcinoma of Liver & Lung**  
**Primary seat unknown**  
Other contributory causes of importance: **47B**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Gray** Was there an autopsy? **No**

23. If death was due to external cause (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? .....  
If so, specify **Heart & Lung**  
(Signed) **W. J. Beck** M. D.  
(Address) **7722 Grand**

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.

2079

STATEMENT BY LICENSED EMBALMER

I, Fred H. Hettig, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Fred H. Hettig  
Licensed Embalmer No. 1534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)