

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32800

Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008 Registered No. 8854
 (c) City 1 (d) Street No. 7128 MICHIGAN AV. St. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred Life yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

FRED C. HENNE
 (a) Residence, No. 7128 MICHIGAN AV. St. 1 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 SUSAN HENNE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 21 - 1865

7. AGE YEARS 71 MONTHS 10 DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CONSTRUCTION FOREMAN
 9. Industry or business in which work was done, as saw mill, bank, etc. RETIRED
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS MO. (STATE OR COUNTRY)

FATHER 13. NAME CHARLOT HENNE

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT Estelle Fendler (ADDRESS) 7128 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ev. 2nd St. Trinity Cem DATE SEPT. 23 1937

19. FUNERAL DIRECTOR JOS. P. FENDLER JR (ADDRESS) 7128 MICHIGAN AV.

20. F. SEP 22 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to Sept. 21 1937

I last saw him alive on Sept. 19 1937. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation none Date of
 What test confirmed diagnosis? yes 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) Joseph P. Fendler Jr M. D.
 (Address) 7128 Michigan Ave.

STATEMENT BY LICENSED EMBALMER

I, Jos. P. FENDLER JR., Licensed Embalmer No. 925

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

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Jos. P. Fendler Jr.

Licensed Embalmer No. 925

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.)