

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

8814
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. City Hospital No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2140 Nebraska **23**
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Hennemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1874

7. AGE YEARS 63 MONTHS 3 DAYS 17 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Henry Hennemann

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

MOTHER 15. MAIDEN NAME Theresa Beitzinger

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

17. INFORMANT Robert Mullins
 (ADDRESS) 2140 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo. DATE March 13, 1938

19. FUNERAL DIRECTOR Albert H. Hoppe, Inc.
 (ADDRESS) 429 No. Euclid Ave.

20. FINGERPRINTS J. F. Bredack

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/38 1938

22. I HEREBY CERTIFY That I attended deceased from 3/24/38 1938 to 3/9/38 1938

I last saw him live on 3/9/38 1938. Death is said to have occurred on the date stated above, at 11:10 p

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

Carcinoma of stomach Date of onset

Other contributory causes of importance: 46 R

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

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 1

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Maxwell, M. D.

(Address) City Hospital No. 1

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.

APR 9 1938

791
1003

Registered No. 2403

MAR 10 1938

STATEMENT BY LICENSED EMBALMER

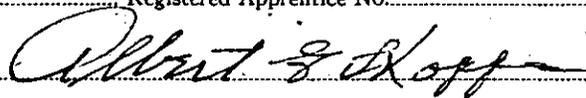
I,, Licensed Embalmer No.

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed..... 

..... Licensed Embalmer No. 3971

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.)