

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DEC'D MAY 10 1938

12486
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.Registration District No. 791
Primary Registration District No. 1003
(d) Street No. 3603 Utah Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)Registered No. 3090

2. PRINT FULL NAME

Dr. Joseph P. Hennerich, Sr. 562
(a) Residence, No. 3603 Utah Place St. 16
(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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Hennerich6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 18597. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 0 11OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Medical Doctor

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 Paul Hennerich14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Francisca Lutz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Miss Anna M. Hennerich 3603 Utah Place18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Apr. 2, 193819. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly Undt. Co. 3840 Lindell Blvd.20. FILED APR 1 1938 J.P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1938 1922. I HEREBY CERTIFY that I attended deceased from March 30, 1938 to March 30, 1938I last saw him alive on March 30, 1938 Death is said to have occurred on the date stated above, at 9 pm.

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

Coronary Occlusion
Coronary Artery Disease
Arterio Sclerosis 1936
Date of onset 1936

Other contributory causes of importance:

Name of operation..... Date of.....
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?
Of go, specify.....(Signed) J.P. Budick M.D.
(Address) University of Missouri

(Licensed Embalmer's Statement on Reverse Side)

RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. 7-20-37

I X12004

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 Stanley Marchlewski

Licensed Embalmer No. 2868

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.)