S. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26228

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1433

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis

(c) City or town: Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 363 Julia (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Henry A. Kannenberg 551

3. (b) If veteran, name war: ?

3. (c) Social Security No.: ?

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Helen Kannenberg

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: Aug. (Month) 17 (Day) 1865 (Year)

8. AGE: Years 74 Months 11 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace: Ann Harbor (City, town, or county) Mich. (State or foreign country)

10. Usual occupation: nil.

11. Industry or business:

FATHER 12. Name: Unknown Unknown

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name: Unknown Unknown

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Inez E. Kannenberg

(b) Address: 6427 Perry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill 7/40 707

18. (a) Signature of funeral director: Geo. L. Bleistal

(b) Address: 5766 Eastern Ave.

19. (a) JUL 31 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 7 minute :00 A.M.

21. I hereby certify that I attended the deceased from 7-27-40, 19__ to 7-30-40, 19__; that I last saw him alive on 7-30-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal uremia	12 hours
Due to: Cerebral hemorrhage with hemiplegia, left	few days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: M. A. Spitz (M. D. or other)

Address: St. Louis County Hosp. Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by David C. Gibson, Registered Apprentice No. _____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.