

FILED FEB 2 1943 318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Hrs. 3 mins
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3129 Brantner Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Evere H. Hennings

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 1 3 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 hr. 03 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Robert Hennings

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Helen Wommack

15. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Father Mary Herard

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof JAN 29 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman

(b) Address City of St. Louis

19. (a) JAN 27 1943 (b) J. J. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 43 hour 1 minute 5 a. M.

21. I hereby certify that I attended the deceased from 2:02 pm
1 - 3, 1943, to 1:05am 1-4, 1943;
that I last saw him alive on 1-4, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration

Due to.....

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?

While at work? (Specify type of place) Means of injury

23. Signature E. Rucker (M. D. or other)

Address 2601 N. Whittier St. Date signed 1-23-43

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, fact should be so stated above.