

FILED MAR 11 1943

Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin  
(c) Name of hospital or institution: Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 9 mo. 20 days  
In this community. Unknown  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ballwin  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box 12  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Michael Hennenger

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced. Unknown  
6. (b) Name of husband or wife \*\* 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 22 43  
(Month) (Day) (Year)

8. AGE: Years Months Days , If less than one day  
69 1 10 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Unknown  
11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home  
(b) Address Ballwin, Mo. Box 12

17. (a) (Cause, occupation, or removal) (b) Date thereof 2-22-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. R. Rafter  
(b) Address 3526 Kentwood St

19. MAR 3 1943 (Date received local registrar) (b) E. G. Mc Carthy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22<sup>nd</sup>  
year 1943 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from February 1st 1943 to February 22<sup>nd</sup> 1943  
that I last saw him alive on February 23<sup>rd</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration D

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other condition Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
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)  
(c) Means of injury \_\_\_\_\_

23. Signature R. W. Jansen (M. D. or other) \_\_\_\_\_  
Address Manchester, Mo Date signed 2/22/43

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

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**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.**