S. No. 2
4-13-40
5-17-39

FILED MAY 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12245

State File No.

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 4027

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

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: 539. W. DAVIS ST.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17 9

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 539 W. DAVIS.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHRIST HENNEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNIE

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased DEC. (Month) 27 (Day) 1860 (Year)

8. AGE: Years 82 Months 4 Days — If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MOO (State or foreign country)

10. Usual occupation BLACKSMITH.

11. Industry or business RETIRED.

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Henney
(b) Address 539 W. Davis ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Ev. Rel. St Trinity Cem

18. (a) Signature of funeral director Jos. P. Finder
(b) Address 7128 MICHIGAN.

19. (a) APR 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 27 year 1943 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 4-5-43, 19..., to 4-27, 1943; that I last saw him alive on 4-26, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degeneration Myocarditis	3 Mo.
Due to Senility	
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 S. A. Heath (M. D. or other) MO
Address 439 Bates Date signed 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

439 Bar... 1-3

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 Harry J Sakumacher

Licensed Embalmer No. 2679

P. O. Address 782 Lemay Ferry Rd

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.