DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

BR-1 P.58 22376

State File No.

FILED JUN 19 1944

Registration District No. 378

Primary Registration District No. 6072

Registrar's No.

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

94 00

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Doe Run Pond Veteran (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 82-5-16 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Doe Run (If outside city or town limits, write "RURAL") 94 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRED W. HENNRICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Zimmer Hennrich

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. (Month) 11 (Day) 1861 (Year)

8. AGE: Years 82 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Francois Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Micheal Hennrich
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Schaffer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Mary Hennrich

(b) Address Doe Run, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Little German Cem. Doe Run Mo.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) May 29 1944 (Date received local registrar) (b) Dorness Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 2 minute 3 - P.M.

21. I hereby certify that I attended the deceased from May 25 1944, to May 27 1944 that I last saw him alive on May 25 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis + ~~Arteriol~~	2 yrs
Due to Arterial Sclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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 Geo. L. Watkins (M. D. or other)

Address Farmington Mo. Date signed 5-27-44

137-3

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 644-3990

Date Filed 6-17-44

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Mo.

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.