S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18822

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5173

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: Alexian Bros. Hospital
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8020 Reilly
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Henne

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-6273

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elvira

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased April (Month) 26 (Day) 1910 (Year)

8. AGE: Years 35 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Inspector

11. Industry or business Ship-Barge building

MOTHER FATHER

12. Name John Henne

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

14. Maiden name Emma Hoechst

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Elvira Henne

(b) Address 8020 Reilly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) JUN 23 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
Subdural hemorrhage of brain
Concussion syndrome due to
Duration
Due to Fellow-worker Earl Simon
burn Acetylene torch to enlarge a
hole into the hold of a barge under
Contributory causes Cousin of deceased
Other conditions (Include pregnancy within 3 months of death) Of the St Louis Stay Bolt & Iron Co. operators of Alonzo Streng
Major findings: Died June 21 1945 Thomas
Operations Barge 6000
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) Accident

(b) Date of occurrence June 21. 1945

(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? Work
(Specify type of place)

While at work? (e) Means of injury Acetylene

23. Signature Patrick E Taylor (M. D. or other)

Address Day Cen Date signed 6/23/45

(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 George N. Archambault, Registered Apprentice No. XXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.