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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42422

State File No. 0

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2887

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmonds Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7319 Hoover Ave
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Richmonds Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7319 Hoover Ave 3
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Goerge Henning

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Otillie

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August (Month) 29 (Day) 1884 (Year)

8. AGE: Years 61 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Inspector

11. Industry or business Scullin Steel Co

FATHER
12. Name John Henning
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ottille Henning
(b) Address 7319 Hoover Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 20 45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) 12-21-45 (Date received local registrar) (b) E G McGarrow MD (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1945 hour 10 PM minute M.

21. I hereby certify that I attended the deceased from Oct 28, 1945, to Dec 18, 1945, that I last saw him alive on Dec 12, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Mouth and Right Cheek with Metastasis 45 C

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations As Above

Of autopsy

Duration

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 Glenn L. McElroy (M. D. or other) M.D.
Address 5535 Wilson Date signed 12/19/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Jobstad

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 Edward D. McDermott

Licensed Embalmer No. 3624

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.