

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14202**

Registration District No. **310** Primary Registration District No. **3058**

Registrar's No. **59**

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

1. PLACE OF DEATH:  
(a) County **St. Charles**  
(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**133 South Seventh Street**  
(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 **Missouri** (b) County **St. Charles**  
(c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **133 South Seventh Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **August Hennecke**  
3. (b) If veteran, name war **NIL** 3. (c) Social Security No. **NIL**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **13**  
year **1946** hour **8:00** minute **A. M.**  
21. I hereby certify that I attended the deceased from **July 1941**  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on **March 12** \_\_\_\_\_ 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Bernadine (Wilzer) Hennecke** 6. (c) Age of husband or wife if alive **74** years  
7. Birth date of deceased **February 13, 1867**  
(Month) (Day) (Year)

Immediate cause of death  
**cerebral hemorrhage - apoplexy of left** **3 days**  
Due to **arteriosclerosis - general**  
Due to **and hypertension**  
Other conditions **Myocardial degeneration**  
(Include pregnancy within months of death)

8. AGE: Years **79** Months **1** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Femme Osage Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Farming**  
11. Industry or business \_\_\_\_\_  
12. Name **Frederick Hennecke**  
13. Birthplace **Ostenbruck Germany**  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
14. Maiden name **Anna Marie Blase**  
15. Birthplace **Hasen-Dam-Stadt Germany**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Bernadine Hennecke**  
(b) Address **133 S. Seventh St. Charles, Mo.**  
17. (a) **burial** (b) Date thereof **March 16-1946**  
(Burial, cremation, or removal) (City or town) (County) (State) (Year)  
(c) Place: burial or cremation **St. Peter's**  
18. (a) Signature of funeral director **H. C. Dallmeyer & Sons**  
(b) Address **800 N. 2nd St. Charles, Mo.**  
19. (a) **3/16/46** (b) **Frankie Houston**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
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) (e) Means of injury **0**  
23. Signature **Vincenta Belmont** (M. D. or other) **MD**  
Address **St. Charles, Mo.** Date signed **3/14/46**

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 4-16-46

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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.....

Philip A. Miceli....., Registered Apprentice No. 388  
working under my personal supervision.

Signed John E. Dallmeyer  
Licensed Embalmer No. 2957  
P.O. Address St Charles 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.