S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25327

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 6235

1. PLACE OF DEATH:

(a) County ____

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess 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 Missouri (b) County ____

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

(d) Street No. 1818 s 18th Street
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Louis Henninger

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 Widowed

6. (b) Name of husband or wife ____

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

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

8. AGE: Years 85 Months 8 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware Store Operator

11. Industry or business ____

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

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

16. (a) Informant Elmer J. Henninger
(b) Address 5501 Sutherland Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm C Moydell
(b) Address 1926 Allen Av.

19. (a) JUL 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1946 hour 4 minute P M.

21. I hereby certify that I attended the deceased from June 22, 1946, 19____, to July 16, 1946, that I last saw him alive on July 16, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular disease senility	
Due to:	
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 Arthur W Westrup (M. D.)

Address 204 E. Big Bend, Webster Groves, MO. Date signed 7/17/46

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj L Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.