

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. STANDARD CERTIFICATE OF DEATH

34781

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3130

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since Oct. 15, 1946**  
(Specify whether years, months or days) **72 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **5406 Alaska**  
(If rural, give location) **9**  
(e) Citizen of foreign country? **No** (Yes or No) **1**  
If yes, name country.

3. (a) PRINT FULL NAME **HENNERICH, Edward P.**

3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife **Victoria** 6. (c) Age of husband or wife if alive **70 yrs.** years  
7. Birth date of deceased **February 27, 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **23** If less than one day hr. min.

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

10. Usual occupation **Warehouse foreman**

11. Industry or business

12. Name **Unknown Andrew Hennerich**

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

14. Maiden name **Unknown Caroline Gerner**  
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **10-23-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **St. Louis, Missouri**

19. (a) **10-24-46** (b) **Arthur J. Allen, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**  
year **1946** hour **2:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **October 15, 1946** to **October 20, 1946**  
that I last saw him alive on **October 20, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **ARTERIOSCLEROSIS AND GENERAL SENILITY**

Due to.....

Due to..... **61**

Other conditions **DIABETES**  
(Include pregnancy within 3 months of death)

Major findings: **No Operation**  
Of operations

Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) **No**

(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?

While at work? **Yes** Means of injury **6**

23. Signature **L. E. STILWELL, M.D.** (M. D. or other)

Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **10-21-46**

Duration **UNK.**  
PHYSICIAN **UNK.**  
Underline the cause to which death should be charged statistically.

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

**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: *J. W. M. Binkley*  
Licensed Embalmer No. *3653*  
P. O. Address *St Louis 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.**