

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 10960

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:  
DePaul Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 16-days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
 (c) City or town St. Louis 1117  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2723a Bacon St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carol Ann Hennen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 4th., 1946  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Alvin Hennen  
 13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Geraldine Tesone  
 15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alvin Hennen

(b) Address 2723a Bacon St.

17. (a) Burial (b) Date thereof 12-21-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funery

18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd.

19. (a) DEC 20 1946 (b) J. F. Breese  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th.,  
 year 1946 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Dec 12 1946 to Dec 19 1946  
 that I last saw h. alive on Dec 19 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute enteritis Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. ... (M. D. or other) \_\_\_\_\_

Address 4500 Olive Date signed 12/20/46

**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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**