

No. 2  
M-5-43  
5-17-39  
I X36571

FILED JAN 27 1947 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 329

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:  
4339 Bingham 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 \_\_\_\_\_ 68-11-5 \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Emma S. Hennerich

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

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

7. Birth date of deceased Feb. 6th. 1878  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>11</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housework

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

12. Name Charles Warner

13. Birthplace U.S.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Kuenzle

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Hennerich

(b) Address 4339 Bingham

17. (a) Burial (b) Date thereof 1-15-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Chumach and Co

(b) Address 3013 Meramec Str.

19. (a) JAN 13 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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. 4339 Bingham ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th.  
year 1947 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1 1945, to Jan 11 1947;  
that I last saw a alive on July 11 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Arteriosclerosis Duration \_\_\_\_\_

Due to Chronic Myocarditis ?

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 George (M. D. or other) \_\_\_\_\_  
Address 6811 1/2 George Date signed 1/13/47

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

DR. J. S. CHMIELEWICZ

6811 GRAVES RD

FL. 00341 2 and 3 QM.

Rev. Ft. 4272 - 6217 0310R

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 Francis Williamson

Licensed Embalmer No. 3565

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.