No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1948

Registration District No. 1003

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 25624
Registrar's No. 6552

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: 4336 Tholozan 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
years, months or days)

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. 4336 Tholozan Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maude A. Hennis

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 Married

6. (b) Name of husband or wife Joseph M Hennis

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased December (Month) 18 (Day) 1873 (Year)

8. AGE: Years 73 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Steelville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Unknown Parlie
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Joseph M Hennis
(b) Address 4336 Tholozan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) JUL 11 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1947 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 21, 1947 to July 10, 1947 that I last saw her alive on July 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration

Due to HYPERTENSION

Due to

Other conditions CARDIAC HYPERTROPHY
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Daniel J. Mark (M. D. or other) D.C.
Address 3008 S Grand Date signed July 10 1947

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed.....Jos B Vollmer.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.