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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29122

Registrar's No. 2025

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 3439 Williams Place
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 3439 Williams Place 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Paul Hennemann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Maud Hennemann

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 1, (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	1	18	hr. min.

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

10. Usual occupation Merchant

11. Industry or business retired

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Maud Hennemann

(b) Address 3439 Williams Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/22/47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 21 1947 (Date received local registrar) (b) J. E. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19, year 1947 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 1925, 1947 to Aug 19, 1947 that I last saw him alive on Aug 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident	1 hr.
Due to: Arteri-sclerosis	5 yrs
Due to:	
Other conditions (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 6

23. Signature Thos. M. Dyer (M. D. or coroner)

Address 2422 N. Grand Date signed 8/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2424 N. Grand

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 Warren A. Carver

Licensed Embalmer No. 353 K

P. O. Address .....

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.