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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43110

Registrar's No. 12034

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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5954 Cote Brilliant Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Hennenhoefer Sr.
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Racheal Hennenhoefer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 24, 1883. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	0	6	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Martin Hennenhoefer
FATHER 13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Donald Hennenhoefer
(b) Address 3722 Pine Grove Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2/48. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) DEC 31 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1947 hour 6.30 minute P.M. M.
21. I hereby certify that I attended the deceased from Dec. 30, 1947 to 19 that I last saw him alive on Dec. 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration 3 wks.
Due to Chronic myocarditis.
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes: (1) Congest. Heart Failure (2) Myocarditis.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address [illegible] St. Louis Date signed 12/31/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. D.B.Flavan,
Humbedt. Bldg.
2-4 P.M. NE. 1255.

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 Alfred F. Bredeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.