No. 2
1/47
17-39

#80261

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2614

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)

In this community 71 Years

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. 2017a No. 9th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OLGA HENNEMAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Gus Henneman

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

7. Birth date of deceased December 13 (Month) 1876 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	0	21	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Christ Sommerfruechte

13. Birthplace ~~Augusta Spielmann~~ (City, town, or county) Germany (State or foreign country)

14. Maiden name Augusta Spielmann

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

16. (a) Informant Mr. Russell Hennemann Son

(b) Address 2017a No. 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave

19. (a) JAN 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1948 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12/17/47, 19.., to Jan. 4th, 19.48, and that I last saw her alive on Jan. 4th, 19.48, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: arteriosclerosis	
Due to: hypertensive heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fatty pleural effusion	
Major findings:	
Of operations: Pleurisy	
Of autopsy: muscle atrophy	

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) Nature of injury

23. Signature Roscoe Fenton M.D.

Address 1515 Lafayette (City, town, or county) Date signed 1/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mil

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 Neal C Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Av

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.