

No. 2  
1/47  
17-39

FILED FEB 24 1948

Registration District No. 277 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Route 8  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bauer Road  
(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 St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 8, Bauer Rd.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Han ebrink

3. (b) If veteran, name war NO

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 23<sup>rd</sup>, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 05 10 813 hr. \_\_\_\_\_ min.

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

10. Usual occupation retired

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

12. Name Fred Hanebrink

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

Maiden name Katherine Kendel

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

(a) Informant Prosser Schwarz

(b) Address 7 Bauer R. Lemay Mo

(a) burial (b) Date thereof 2/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill

(a) Signature of funeral director Fenger Und Co.

(b) Address 7420 Michigan Ave

19. (a) 2-9-48 (b) Cecilia Schaefer  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6<sup>th</sup> year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept., 1946, to Dec 5, 1948, that I last saw him alive on Jan 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to arteriosclerotic heart disease

Due to 93d

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsies \_\_\_\_\_

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 Robert M. Tichenor (M. D. or other) M.D.

Address 4602 Brann St. Louis 16 Date signed 2/6/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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

OTHERS MADE 0-48  
Can be off  
H.C. 5111

44.62

APR 20 1948

APR 19 1948

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 *W E Morris*

Licensed Embalmer No. *3360*

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.

Gentlemen;

I am writing in regards to the burial certificate of Henry Hanebrink, who lived at Mattese, Mo., Route 8-Bauer Rd. and died February 6, 1948 in St. Louis County. Through the excitement I made an error in my brothers age. It should have been March 23, 1882 instead of March 27, 1881. I would like to have this mistake corrected as soon as possible and a certified copy of the death of my brother Henry sent to the Fendler Und. Co.

I am inclosed an money order for \$.50 an a self addressed envelope.

Yours truly,

Frances Schwarz  
XXXXXXXXXXXXXXXXXX

St. Louis, Mo.

Subscribed and sworn before me this 12th day of March, 1948

My commission expires Dec. 20, 1951

Ole E. Fendler  
Notary Public

54 & W

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