FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21561

Registration District No. B67 Primary Registration District No. 3068 Registrar's No. 1655

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 00-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3937 Juniata St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY J. HANEKLAU
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Minnie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 2 (Day) 1871 (Year)

8. AGE: Years 77 Months 5 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business New York Life Ins. Co.
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Lloyd Haneklau
(b) Address 4712 Milentz
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 7-8-48 (Date received local registrar) (b) Cecil J. Shaf MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from 5-29, 1947 to 7-4, 1948
that I last saw him alive on 6-30, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 Mo
Due to Coronary Artery Disease	?
Due to	
Other conditions None 940 (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 E. Lee Shrader (M. D. or other) 0
Address 3720 Washington Date signed 7/5/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

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 Edwin A. McDermott

Licensed Embalmer No. 3024

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.