

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38395

State File No. ....

BIRTH NO. 74761-49 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 226

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>27 Prairie Haute Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Blanche</u>	b. (Middle) <u>Marie D</u>	c. (Last) <u>Henning</u>	4. DATE OF DEATH (Month) (Day) (Year) - <u>November 20-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov 17 1949</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>0 0 3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Valerian J. Henning</u>	13b. MOTHER'S MAIDEN NAME <u>Beverly Feilner</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Valerian J. Henning</u>	ADDRESS <u>St. Charles, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congenital heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>67 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>a) Single ventricle</u> <u>b) Patent foramen ovale</u> <u>c) fused aorta + pulmonary arteries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 17, 1949, to Nov. 20, 1949, that I last saw the deceased alive on Nov. 19, 1949, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Engene J. Canty, M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>Nov. 21, 1949.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-26-49</u>	REGISTRAR'S SIGNATURE <u>K. Anne Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. O. Hallmayer &amp; Sons Co. 800 N. 2nd - St. Charles, Mo.</u>
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~~District File Number~~

District Health Officer No. 9,

RECEIVED DEC 3 1919

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Herbert C. Bollmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

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.