

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 20 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 419

1003
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4003	
c. LENGTH OF STAY (In this place) 5 years		d. STREET ADDRESS (If rural, give location) 4 Tree Court Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Tree Court Lane			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) WALKER c. (Last) HENNING			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH: Sept. 15, 1894		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR: Days 4 Hours 17 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and State or Foreign Country) St. Paul, Minn.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME August Henning		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elvie Henning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-14-5968		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elvie Henning, Kirkwood, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Chronic		DUE TO (b) unknown			1 yr.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) unknown			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 15 Sept., 1952, to 2 Feb., 1953, that I last saw the deceased alive on 2 Feb., 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 10424 1/2 Manchester, Kirkwood, Mo.		23c. DATE SIGNED 2-2-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
		24d. LOCATION (City, town, or county) Kirkwood, Mo.		(State)	

DATE REC'D BY LOCAL REG. 2-4-53		REGISTRAR'S SIGNATURE Herbert R. Dainke, M.D., Louis H. Popp, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kirkwood, Mo.	
--	--	---	--	--	--

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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kennwood 3302

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.