

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9199

State File No. _____

No. 300
10.48

FILED MAR 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro RR# 2</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Muncie Township</u>				d. STREET ADDRESS (If rural, give location) <u>1017 Lynch Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH.</u> b. (Middle) <u>FRED</u> c. (Last) <u>HENNINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12-1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5/13/1886</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired) <u>Government Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Medical Dept</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar Hill - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Gustave Henninger</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pater</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Dickhardt</u>		
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>489-05-1487</u>		17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1200</u>					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 4, 1954</u> , to <u>March 12, 1954</u> , that I last saw the deceased alive on <u>March 9, 1954</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert W. Tichenor M.D.</u>			23b. ADDRESS <u>P.O. Box 6,appington, Mo</u>		23c. DATE SIGNED <u>3-13-54</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Lebanon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Ruth Jessa</u>		438 - 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>6409 Shavers Station</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 23 1954

X

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.

MAY 23 1954