

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10102  
2735

State File No. ....  
Registrar's No. ....

FILED APR 2 1954

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|  |   |  |   |  |   |  |  |   |                  |
|--|---|--|---|--|---|--|--|---|------------------|
| BIRTH NO. ....   |   | REG. DIST. NO. ....  |   | PRIMARY REG. DIST. NO. ....  |   | State File No. ....  |  | Registrar's No. ....  |                  |
| 1. PLACE OF DEATH<br>a. COUNTY   |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>2169</b> |   |  |  |   |                  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN<br><b>St. Louis</b>   |   | c. LENGTH OF STAY (in this place)<br>township)   |   | c. CITY OR TOWN<br><b>St. Louis</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Little Sisters of the Poor</b>   |   |  |   | e. STREET ADDRESS (If rural, give location)<br><b>16 3400 S. Grand Ave.</b>  |   |  |  |   |                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><b>Pauline</b>  |   | b. (Middle)<br><b>Josephine</b>  |   | c. (Last)<br><b>Henneberger</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 25 1954</b>  |  |   |                  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>                                | 8. DATE OF BIRTH<br><b>Dec. 10, 1870</b>          |  | 9. AGE (In years last birthday)<br><b>83</b>                              | IF UNDER 1 YEAR<br>Months<br><b>3</b>  | IF UNDER 24 HRS.<br>Days<br><b>15</b>          | Hours<br><b>0</b>   | Min.<br><b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY                 |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Herrmann Mo.</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>0</b>  |                  |
| 13a. FATHER'S NAME<br><b>Anton Henneberger</b>   |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Theresa Apple</b> |  |   | 14. NAME OF HUSBAND OR WIFE  |  |   |                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)<br><b>NO.</b>   |   | 16. SOCIAL SECURITY NO.<br><b>NO.</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Sister Claire</b>  |   |  | ADDRESS<br><b>3400 S. Grand</b>                |   |                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                 | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis Gen.</b>   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>yes</b> |   |                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |  |   |  |  |   |                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><b>450.0</b>  |   |  |  |   |                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |   | 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 <b>March 10 1954</b> to <b>March 25 1954</b> , that I last saw the deceased alive on <b>March 25, 1954</b> , and that death occurred at <b>11:30 A.M.</b> from the causes and on the date stated above. |   |  |   |  |   |  |  |   |                  |
| 23a. SIGNATURE (Degree or title)<br><b>Edna P. ...</b>   |   |  |   | 23b. ADDRESS<br><b>607 No Grand</b>  |   |  | 23c. DATE SIGNED<br><b>3.5.54</b>              |   |                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 24b. DATE<br><b>3/26/54</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Peter &amp; Paul</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo.</b>  |  |   |                  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 25 1954</b>   |   | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith ml</b>   |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>John H. Ebken Sons</b>             |  | ADDRESS<br><b>2630 Gravois</b>                 |   |                  |

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

**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.....  
Signature of Student Embalmer

Signed..... *Robert F. Geb*

Licensed Embalmer No.....

P. O. Address *2630*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.