

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9704  
2183  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION PRONCED-DEAD-CITY HOSP		e. STREET ADDRESS (If rural, give location) GLOBE-HOTEL 112 N. 6th				
3. NAME OF DECEASED (Type or Print) GODFREY HENNECKE			4. DATE OF DEATH (Month) (Day) (Year) MARCH-3-1955			
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1904	9. AGE (In years last birthday) 50 YRS	10. UNDER 1 YEAR / UNDER 1 MTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Don Baker 2331 Mullerph						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd & 3rd Burns of 45% of Body; suffered when clothing became ignited from heating stove in Globe Hotel on July 28 1955, exact time unknown				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 28 55 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E9166		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 p.m., from the causes and on the date stated above. 40						
23a. SIGNATURE (Degree or title) Patrol Taylor Coover		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.9.55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 10-55		24c. NAME OF CEMETERY OR CREMATORY CALVARY		
24d. LOCATION (City, town, or county) (State) ST LOUIS MO		DATE REC'D BY LOCAL REG. MAR 9 1955		REGISTRAR'S SIGNATURE J. Carl Smith		
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Mrs. Conley-Kelly 4386 Lindell				

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..... *Frank C. Merrick* .....

Licensed Embalmer No. *4854*

P. O. Address *St. Louis* .....

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.