

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

State File No. **38350**
Registrar's No. **10647**

FILED DEC 12 1955
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Conv. Home		c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Henerfouth		4. DATE OF DEATH (Month) (Day) (Year) 12/3/55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Apr. 12, 1881
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mail man	11. BIRTHPLACE (City and State or Foreign Country) Fults, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Henerfouth	
13b. MOTHER'S MAIDEN NAME Mary Klein		14. NAME OF HUSBAND OR WIFE Alyce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes S.A.W.		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Clifford Henerfouth-4345		ADDRESS Beethoven	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 7 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1	
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)	
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 Oct 1955 to Dec 1955 , that I last saw the deceased alive on Dec 2, 1955 and that death occurred at 11:00 am from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. J. H. Henerfouth		23b. ADDRESS 4345 Beethoven	
23c. DATE SIGNED 12/5/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/6/55		24c. NAME OF CEMETERY OR CREMATORY St. Johns Church Cem.	
24d. LOCATION (City, town, or county) (State) Maeystown, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle	
25. ADDRESS 3634 Gravois		DATE REC'D BY LOCAL REG. DEC 5 1955	
REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle	
25. ADDRESS 3634 Gravois		25. ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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 C. Wheeler*

Licensed Embalmer No. *212*

P. O. Address *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.