

STANDARD CERTIFICATE OF DEATH

State File No. **39250**

Hennerich
FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2688**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Valley Park		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 40 Days		d. STREET ADDRESS (If rural, give location) 3308 Salena	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) J.		c. (Last) Hennerich		4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1955	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 4, 1862		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Hours 11 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing Contractor			10b. KIND OF BUSINESS OR INDUSTRY Own Business			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Paul J. Hennerich			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ida Hennerich		
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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. None		17. INFORMANT'S SIGNATURE OR NAME Emil Hennerich		ADDRESS 3724a Minnesota	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac dilatation		ANTECEDENT CAUSES						1 day	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Hypertension						7 yrs	
		DUE TO (c)							
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 4222						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **6-1** 19**55**, to **11/15**, 19**55**, that I last saw the deceased alive on **11/8**, 19**55**, and that death occurred at **7:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS Rockwood, Mo.		23c. DATE SIGNED 11/15/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 18, 1955		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
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DATE REC'D BY LOCAL REG. 11-16-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		ADDRESS 3013 Meramec St.	
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(Licensed Embalmers' Statement on Reverse Side)

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
Student Embalmer

Signed

Jack Heep

Licensed Embalmer No. *4746*

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.