

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 - 1956

State File No.

318

1003

2887

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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 town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 3400 So. Grand Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) _____		c. (Last) HENNERICH		4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 18, 1878	
9. AGE (In years last birthday) 77		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) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Hesbach		13b. MOTHER'S MAIDEN NAME Barbara Overfelt		14. NAME OF HUSBAND OR WIFE Otto F. Hennerich			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Thelma Horn - 6022 Grimshaw ADDRESS 36 hrs			
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) Cerebral vas. accident Cerebral Vascular accident ANTECEDENT CAUSES Diabetes Mellitus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus H.C.V.D. DUE TO (c) H.C.U.D. - E.H. - F.C.T.I II. OTHER SIGNIFICANT CONDITIONS Bronchopneumonia -rt lung Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia - (R) Lung				INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 3 yrs. 3 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 443 x 260x					
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 3-12 19 56 to 3-19 19 56 , that I last saw the deceased alive on 3-19 19 56 , and that death occurred at 3:15 P.M. from the causes and on the date stated above.							
23a. SIGNATURE John F. Clisam (Degree or title) M.D.				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 3-20-56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 22, 1956		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 21 1956		REGISTRAR'S SIGNATURE Joseph Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Helderle		ADDRESS 3634 Gravois Ave.	

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 J. Evans*

Licensed Embalmer No. *21*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.