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FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11790

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 702

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MAPLEWOOD.
c. LENGTH OF STAY (in this place) YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3101 LACLEDE STATION ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN MAPLEWOOD 4004
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 3101 LACLEDE STATION ROAD.

3. NAME OF DECEASED (Type or Print) a. (First) ELLIOTT b. (Middle) T. c. (Last) HENEREY

4. DATE OF DEATH (Month) (Day) (Year) MAR. 13 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAR. 12, 1877
9. AGE (In years last birthday) 79 — 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) BOOKKEEPER
10b. KIND OF BUSINESS OR INDUSTRY INSURANCE COMPANY
11. BIRTHPLACE (City and State or Foreign Country) CHARLESTON, SOUTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME WILLIAM HENEREY
13b. MOTHER'S MAIDEN NAME Ida Thames
14. NAME OF HUSBAND OR WIFE JULIA HENEREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 492-07-8295
17. INFORMANT'S SIGNATURE OR NAME CHARLES R. HENEREY, SON, 521 SUNNYSIDE W.G. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — 6 mo
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 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 6, 1955, *to* Jan 9, 1956, *that I last saw the deceased alive on* Jan 9, 1956, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Trosten A. Dill
23b. ADDRESS 7346 a Manchester Maplewood 17, Mo.
23c. DATE SIGNED 3-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 15, 1956
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
24d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO —

DATE REC'D BY LOCAL REG. 3-13-56
REGISTRAR'S SIGNATURE Herbert R. Dombe[illegible]
25. FUNERAL DIRECTOR'S SIGNATURE M J Croghan ADDRESS 831 E BIG BEND WEBSTER GROVES 19 MO.

(Licensed Embalmer's 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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.