

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3026

FILED FEB 14 1958

STATE FILE NUMBER 1403

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <input checked="" type="checkbox"/>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. PAC. HOSP.</i>		Length of stay in lb <i>1 WK.</i>	d. STREET (If outside, give location) ADDRESS <i>3176 Justine Ave.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>GEORGE NICHOLAS HENNEN</i>			4. DATE OF DEATH Month <i>2</i> Day <i>6</i> Year <i>1958</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3/20/1891</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Oper. Dept. Freight</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MO. PAC. Railroad</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>GEORGE N. HENNEN</i>			14. MOTHER'S MAIDEN NAME <i>SADIE WACK</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WW#1</i>		16. SOCIAL SECURITY NO. <i>702-14-0375</i>	17. INFORMANT Address <i>Margaret Mary Hennen 3176 Justine Ave.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarct</i> DUPLICATE (b) <i>Arteriosclerotic Heart Disease.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE (c)					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>420.0</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>11:30</i> Month <i>5</i> Day <i>8</i> Year <i>1958</i> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>11/30/58</i> to <i>2/6/58</i> and last saw ^{HBT} him alive on <i>2/6/58</i> Death occurred at <i>6:00 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title)			22b. ADDRESS <i>MO PAC by</i>		22c. DATE SIGNED <i>2-6-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>2-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>ST. PETERS CEM.</i>		23d. LOCATION (City, town, county) (State) <i>ST. LOUIS Co. MO.</i>	
24. FUNERAL DIRECTOR <i>MITTELBERG FUNERAL HOME</i> ADDRESS <i>WEBSTER GROVES, MO.</i>			25. DATE RECD. BY LOCAL REG. <i>FEB 6 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> <i>Mr. J.B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of other diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare, Public Service

300-56

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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 *John J. Haines*

Licensed Embalmer No. *41*

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.