

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006561
STATE FILE NUMBER

318

1003

1342

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED VS FEB 20 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 32 DAYS	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Francois</i>		c. CITY OR TOWN ELVINS:		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS ROUTE 1			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HERBERT W. HENNRICH					4. DATE OF DEATH Month Day Year 2/8/61				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3/24/16	9. AGE (last birthday) 44		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWORKER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ELVINS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME CHARLES HENNRICH			13b. MOTHER'S MAIDEN NAME HATTIE HUFF			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES			16. SOCIAL SECURITY NO. WN-11		17. INFORMANT Address (MOTHER) MRS. C.F. HENNRICH SEE #2				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE PANCREAS WITH METASTASIS									INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)			DUE TO (c) 157x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)									
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year									
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 1/7/61 to 2/8/61 and last saw him alive on 2/8/61 Death occurred at 2:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>PAUL E. STORR</i> (Degree or title) M.D.					22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 2/8/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-9-61		23c. NAME OF CEMETERY OR CREMATORY Farmington, Mo.			23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Cozean Funeral Home, Farmington, Mo.				25. DATE RECD. BY LOCAL REG. FEB 9 1961		26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>			

EEB 20 1961

MAR 2 1961

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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 James E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. 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.