MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037053
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2687

FILED SEP 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	4000
2	4000
3	
4	1
5	2
6	
7	0
8	2
9	4200
10	
11	
12	90-0
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay St. Louis, County. Length of stay in 1b yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 730 Reed Ave. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN Lemay Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 730 Reed Ave. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Victoria Middle Last Hennerich.
4. DATE OF DEATH Month 9 Day 15 Year 62
5. SEX Female.
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-31-75
9. AGE (last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Sribick Ruettger.
13b. MOTHER'S MAIDEN NAME Anna Barbar Danner.
14. NAME OF HUSBAND OR WIFE Edward Hennerich.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT Lillian Fisher. Address 730 Reed Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — 4 years
DUE TO (c)
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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6.5.58, to 9.15-62 and last saw her/him alive on 9-15-62
Death occurred at 10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. W. Forsman MD
22b. ADDRESS 9501 – Gravois
22c. DATE SIGNED 9.17.62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9-19-62.
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive.
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home. 6322 S. Grand Blvd.
25. DATE RECD. BY LOCAL REG. 9-17-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

10

Dr. Forsman.
9505 Gravois.
FL.1-1313
Call office about 11AM.

County

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_____ Signed David Van Bossan
Signature of Student Embalmer

Licensed Embalmer No. 4242

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.