

FILED JUN 30 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5941**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4111 Loughborough
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4111 Loughborough
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Dannenberg

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aurelia Dannenberg 6. (c) Age of husband or wife if alive July 30, 1894 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>52</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary Treasurer

11. Industry or business I.B.F.&M.E.

MOTHER FATHER {
12. Name John W. Dannenberg
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Rosa Kolb
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aurelia Dannenberg

(b) Address 4111 Loughborough

17. (a) Burial (b) Date thereof 6-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Southern Funeral Home

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd.,

19. (a) JUN 19 1947 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1947 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 17 1947 at I last saw him alive on June 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 4 hours

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature J. J. Bradeck (M. D. or other) _____
Address 3407 S. Jefferson Date signed 6-18-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. A. E. RESNIKOFF
3407a S. JEFFERSON
10³⁰ TO 12 2⁶ H

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address.....

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