MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31476

1. PLACE OF DEATH
County ST. LOUIS
Township CARONDELET
City ~~St. Louis~~ (No. 4867 Hiedelberg St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 G.
File No.
Registered No. 369

2. FULL NAME Dorothea Henry
(a) Residence. No. 4867 Hiedelberg St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
1	6	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Harry H Henry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lillian Pohman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Harry H Henry
(Address) 4867 Hiedelberg Ave

15. FILED Oct. 15 1927 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1927 to Oct 14, 1927 that I last saw her alive on Oct 14, 1927, and that death occurred, on the date stated above, at 8 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Ilio Colitis

119 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 113B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adam G Youngman M. D
10/15, 1927 (Address) 5439 Grivais

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S S Peter & Paul
DATE OF BURIAL Oct. 15 1927

20. UNDERTAKER Wm T. Moydell
ADDRESS 1926 Allen av

WRITE PLAINLY, WITH UNFADING INKLEAVING IS AN ERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.