WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

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

Do not use this space.
15504
45235

File No. 4446

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10

City St. Louis (No. 5600 Arsenal St. ..... Ward)

Registered No. .....

2. FULL NAME Henry Feenstra

(a) Residence. No. 1948 Arsenal St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1907

7. AGE: Years 20 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Not known
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Feenstra Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Anna Hunold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Katie Hunold
(Address) 1948 Arsenal.

15. FILED APR 21 1928 May C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/21 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1928, to 4/21, 1928 that I last saw h. alive on 4/21, 1928, and that death occurred, on the date stated above, at 5:25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic Cerebro-Spinal Meningitis 18 (duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1948 Arsenal St.

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lumbar Puncture

(Signed) Chas. P. Wh ..... M. D.

4/22, 1928 (Address) ISOLATION HOSPITAL

*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: Concordia

DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: M. Schumacher

ADDRESS: 3013 Morganford