

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

Do not use this space.

38763

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.....

City **St. Louis** (No. **City**, **Ward**)

File No.

Registered No. **11414**

St. Ward)

2. FULL NAME

Charles Inden

(a) Residence. No. **1307 N 11** St., **25** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **63** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 28 - 1865**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	63	-	24	

8. OCCUPATION OF DECEASED **131**
(a) Trade, profession, or particular kind of work **Labourer** **82A**
(b) General nature of industry, business, or establishment in which employed (or employer) **97**
(c) Name of employer

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

10. NAME OF FATHER **John Inden**

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

12. MAIDEN NAME OF MOTHER **Esther Stokker**

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

14. INFORMANT **Cherman**
(Address) **City of St. Louis**

15. FILED **NOV 23 1928** **City of St. Louis** REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 23 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 23**, 19**28**, to **Nov 23**, 19**28**, that I last saw him **alive** on **Nov 23**, 19**28**, and that death occurred, on the date stated above, at **8:30** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Interstitial Nephritis
Cerebral hemorrhage (R. side)
Cerebral arteriosclerosis (arteriosclerosis) (R. side)

CONTRIBUTORY (SECONDARY) **1290**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **No**

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

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **R. Berg** M. D.
(Signed) **Nov 23 1928** (Address) **City of St. Louis**

*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 **St. Matthews Cem.** DATE OF BURIAL **Nov. 23 1928**

20. UNDERTAKER **Goodhue & Goodhue Mfg. Co.** ADDRESS **2228 St. Louis Ave**

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.

Jordan