

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

Do not use this space.

1433

1. PLACE OF DEATH
County St. Louis Registration District No. 399
Township St. Louis Primary Registration District No. 1000
City St. Louis (No. 3805 Park St. 13 Ward. 20)
2. FULL NAME Charles Henry Henderson
(a) Residence. No. 3805 Park St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 6 15 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Herman Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT Margaret Henderson

(Address) 3805 Park

15. FILED 1/3 1929 M.M. Connel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to Jan 1, 1929
that I last saw h.f. alive on Jan 1, 1929, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
93A
10LB
(duration) yrs. mos. ds. 4

CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) yrs. mos. ds. 9

18. WHERE WAS DISEASE CONTRACTED at place of death

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination

(Signed) C.B. Dierker, M.D.

1/2, 1929 (Address) 623 Ogden Bldg Ke Mo

*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

DATE OF BURIAL

St. Mary's Jan 3, 1929

20. UNDERTAKER Mr. C. L. Fowler ADDRESS 246 W. 11th St.

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.

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