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

Do not use this space.

8165

1. PLACE OF DEATH

County ..... Registration District No. 701

Township St. Louis ..... Primary Registration District No. 10083

City St. Louis ..... (No. City Hospital #2 ..... St. ..... Ward)

File No. ..... Registered No. 1823

2. FULL NAME Henry Caviena

(a) Residence. No. 1724 Lafayette Av. St., 17 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	abt 53			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Janitor
(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) Ark.

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emma F. Woodard
(Address) City Hospital #2

15. FILED ..... 19 ..... Maxwell C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4- 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-29-, 1929, to 2-4-, 1929, that I last saw h. l. h. alive on 2-4-, 1929, and that death occurred, on the date stated above, at 4:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
C Chron. Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Embolism C Thrombosis
Lesion of Cerebral Vessel
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 92 Pa
IF NOT AT PLACE OF DEATH? 92 C
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY?
WHAT TESTS CONFIRMED DIAGNOSIS?
(Signed) T. E. Cunningham, M. D
, 19 (Address) 2940 Sarvton

*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 Father Dickerson Cem. — DATE OF BURIAL 2-8 1929

20. UNDERTAKER Coates and Son — ADDRESS 4141 Chouteau

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.

23
2
31