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

Do not use this space.

12334

File No. 2852
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis Mo (No. Deaconess Hospital St. Ward)

Registration District No. 79
Primary Registration District No. 1022

2. FULL NAME Henry Preis

(a) Residence. No. 3442 Manhattan Av St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Care Taker
(b) General nature of industry, business, or establishment in which employed (or employer) Auto Yards
(c) Name of employer

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

PARENTS
10. NAME OF FATHER John Preis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Kathrine Preis
(Address) 3442 Manhattan Av

15. FILED Mar 5 1929, 19 Ruby C Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to March 2, 1929, that I last saw him alive on March 1, 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of neck of Femur
Fall, falling on city st
Accidental
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senile debility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? X Ray
(Signed) W. H. Townsend, M. D
, 19 (Address) 2904 Sutton Maplewood

*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 Old St Marcus — DATE OF BURIAL March 6th 1929

20. UNDERTAKER Math Hermann & Son — ADDRESS 2161 E Bair Av

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V.S. NO. 2.
N. B.—E
CAUSE