

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

Do not use this space.

10802

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3219**) **Bellevue St**

File No.....
Registered No. **2826**
St..... Ward.....

2. FULL NAME

(a) Residence. No. **3219 Bellevue** St., **00** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte K Henselmeier		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14, 1865		
7. AGE 65	YEARS 2	MONTHS 4
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Credit Manager (b) General nature of industry, business, or establishment in which employed (or employer) Int. Shoe Co (c) Name of employer Retired		If LESS than 1 day, hrs. or min.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
PARENTS	10. NAME OF FATHER J W Henselmeier	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	12. MAIDEN NAME OF MOTHER Unknown	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany	
14. INFORMANT J. H. Henselmeier (Address) 3219 Bellevue St		
15. FILED 19 1930 Mar 19 REGISTRAR		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 18, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Mar 12**, 19**30**, to **Mar 18**, 19**30** that I last saw him alive on **Mar 16**, 19**30**, and that death occurred, on the date stated above, at **11:10 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch Nephritis
121
935

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Ch nephritis**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH
1219

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS? **blurred**
(Signed) **A. H. Dewey**, M. D.
3/19, 19**30**. (Address) **2342 St Louis Ave**

*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 New Picher Cemetery	DATE OF BURIAL Mar 21, 1930
20. UNDERTAKER Drehmann Harold	ADDRESS 1905 Union

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.

37
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Handwritten text at the top of the page, possibly a name or title, including the characters "VBBV" and "Schau".

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