

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

Do not use this space.

34824

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**, (No. **5054 Cabanne Ave.**)

File No. **10219**

Registered No. **10219**

St. \_\_\_\_\_ Ward)

**2. FULL NAME**

**Henry S. Platt**

(a) Residence, No. **5054 Cabanne** St., **W** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Eugenia M. Platt</b>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>December 1865</b>				
7. AGE	YEARS <b>64</b>	MONTHS <b>10</b>	DAYS <b>23</b>	IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Office Work**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer **City of St. Louis**

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

PARENTS	10. NAME OF FATHER <b>Henry S. Platt</b>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <b>Portage</b> (STATE OR COUNTRY) <b>New York</b>
	12. MAIDEN NAME OF MOTHER <b>Eugenia M. Barnes</b>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <b>Philadelphia</b> (STATE OR COUNTRY) <b>Penn</b>

14. INFORMANT **James S. Platt**  
(Address) **5624 Boston Ave**

15. FILED **21 1933** **Wm C. Parker** REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 27 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 1**, 1930 to **Oct 27**, 1930 that I last saw h.a. alive on **Oct 27**, 1930, and that death occurred, on the date stated above, at **12:30 A.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Myocarditis (Chronic)**  
**93c**  
**97**  
(duration) **1** yrs. mos. ds.  
CONTRIBUTORY **Arteriosclerosis**  
(SECONDARY) (duration) **2** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH DATE OF  
8 WAS THERE AN AUTOPSY  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) **S. S. Knapp** M.D.

**Oct 26 1930** (Address) **3026 Washington St**  
\*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 **Bellefontaine Bur** DATE OF BURIAL **Oct 29 1930**

20. UNDERTAKER **Wagoner and Co** ADDRESS **3621 Blair**

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.

WHITE COPY TO BE OBTAINED FROM THIS IS A PERMITS RECORD

