

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

Do not use this space.

2948

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis (No. St. John Hospital)

Registration District No. 791  
Primary Registration District No. 1003B

File No. \_\_\_\_\_  
Registered No. 670  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant Henze  
(a) Residence, No. 2618 Ohio St., 23 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10 - 1932</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

13. NAME Frederick Henze

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

15. MAIDEN NAME Beulah Jansen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

17. INFORMANT F. W. Hump (ADDRESS) 2618 Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Church DATE Jan 22 1932

19. UNDERTAKER J. E. Gilman (ADDRESS) 2630 S. Maryland

20. FILED JAN 21 1932 W. C. Stoddard Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1932 to Jan 20 1932  
I last saw him alive on Jan 20 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

159 Primature  
159  
Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. P. Amaral Jr. M. D.  
(Address) 6200 Columbia Ave

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.

Dr. H. H. H. H. H.  
3138. 1. 1. 1. 1.