

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

Do not use this space.

✓ 10761

1. PLACE OF DEATH

County..... Registration District No. *791*
 Township..... Primary Registration District No. *1003*
 City, *St. Louis mo.* (No. *3321 So. 13th St.*)..... St. *24* (Ward)

File No.....
 Registered No. *2834*

2. FULL NAME *Henry Monte*

(a) Residence. No. *3321 So. 13th St.* St., *24* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Sept. 28 - 1846.</i>		
7. AGE YEARS <i>85</i>	MONTHS <i>5</i>	DAYS <i>24</i>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>gardner</i> (b) General nature of industry, business, or establishment in which employed (or employer). <i>Self.</i> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN).....
 (STATE OR COUNTRY) *Germany 10*

PARENTS	10. NAME OF FATHER <i>Unknown</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <i>Germany</i>
	12. MAIDEN NAME OF MOTHER <i>Unknown</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <i>Germany</i>

14. INFORMANT *Ben Monte*
 (Address) *3425 S. Meigs St.*

15. FILED *1932* REGISTRAR *[Signature]*

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 22 - 1932.*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 24*, 1932, to *March 22*, 1932, that I last saw him alive on *March 22*, 1932, and that death occurred, on the date stated above, at *5:00 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 *Chronic Myocarditis*
 (duration) *2* yrs. mos. ds.
 CONTRIBUTORY *Chronic diffuse nephritis*
 (SECONDARY) (duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *at place of death*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *Geo. K. Engelmann M. D.*
3/22, 1932. (Address) *3115 S Grand*

*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 *Park Lawn Cem.* DATE OF BURIAL *3/24 - 1932.*

20. UNDERTAKER *Ziegenhein Bros. 2623 Cherokee St.* ADDRESS

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.

