

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

Do not use this space.

14540

1. PLACE OF DEATH

County Registration District No. 101
 Township Primary Registration District No. 2-81
 City St. Louis (No. 3621^{1/2} Hartford)
 St. Ward 16

File No.
 Registered No. 3926
 St. Ward

2. FULL NAME

(a) Residence, No. 3621^{1/2} Hartford St., 16 Ward.
 (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>Male</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Henkel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31-1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Restaurant Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>246</u>	
	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) <u>Cincinnati Ohio</u>		
FATHER	13. NAME <u>C. Henkel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Anderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mary Henkel 3621^{1/2} Hartford St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peter Paul</u> DATE <u>Apr 23 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker & Helderle 2331 Broadway</u>		
20. FILED <u>APR 21 1932</u> <u>Max Anderson</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1932 to 4/21, 1932
 I last saw him alive on 4/15, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypertension
Malignant
renal disease
 Date of onset

Other contributory causes of importance:
Cardio-vascular -
renal disease

Name of operation Date of
 What test confirmed diagnosis? Urinal Was there an autopsy? Yes

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? Yes
 If so, specify Phil H. Seherer M. D.
 (Signed) 3115 S. Grand av. (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.

