

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 331

Township.....

Primary Registration District No. 332

City St. Louis (No. 1405 Hampton)

File No. 14767
Registered No. 4165
St. Ward)

2. FULL NAME Andrew D. Hodenpyle

(a) Residence, No. 1405 Hampton avt. 14 St. 14 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Widower.

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Hodenpyle.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Minister

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 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo

13. NAME Daniel Hodenpyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Nancy Medler.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Arthur D. Hodenpyle (ADDRESS) 1405 Hampton avt.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Mo DATE 5-1 1932

19. UNDERTAKER Spencer, Under Co. (ADDRESS) Waltham, Mo

20. FILED APR 28 1932 Registrar C. Parkers

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from about Jan. 1930 to April 28, 1932
I last saw him alive on about Mar 1, 1932 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Cardio-neuritic Chronic
Acute Myocarditis
Date of onset 1929

Other contributory causes of importance: 4/28/32

Name of operation..... Date of.....
What test confirmed diagnosis? Biopsy Was 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. no

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) E. E. Tennison M. D.
(Address) 3532 Wellington St.

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.

