

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

Do not use this space.

23974

1. PLACE OF DEATH

96 County St. Louis
Township St. Louis
City St. Louis County (No. 3501, Charlack Ave.)

Registration District No. 189
Primary Registration District No. 6033B

File No. _____
Registered No. 210
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3501 Charlack Ave. St., _____ 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 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Henegen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1882</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>16</u>
	DAYS <u>16</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>Grocer 131</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 430</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>17</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo. 1</u>		
FATHER	13. NAME <u>John Henegen 96</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France 96</u>	
MOTHER	15. MAIDEN NAME <u>Louise Reinert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo. 1</u>	
17. INFORMANT (ADDRESS) <u>Nellie Henegen 3501 Charlack Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery DATE July 25 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Cullinane Bros. 1710 N. 9th St. St. Louis</u>		
20. FILED <u>7/24</u> 19 <u>32</u> <u>Della Gray M.D.</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932

22. I HEREBY CERTIFY That I attended deceased from 7-22 1932 to 2-23- 1932
I last saw him alive on July 27 1932 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Chronic nephritis (arterial)
Arteriosclerosis (advanced)
Other contributory causes of importance:
131

Date of onset <u>1928</u>
<u>1932</u>

Name of operation none Date of _____
What test confirmed diagnosis? Physiogram 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? No
If so, specify _____
(Signed) Buerett J. Gavann M. D.
(Address) 539 No. Grand 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.

AUG 9 1932

Dr. Jabaux
Humboldt Bldg.

SEP 6 1957

MAR 8 1954