

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township

Primary Registration District No. 4471

City Webster Groves

(No. 231 Plant Ave)

File No. ....

Registered No. 77

St. .... Ward

2. FULL NAME Henry Wade Choate

(a) Residence, No. 231 Plant Ave St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Choate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1877

7. AGE YEARS 55 MONTHS 8 DAYS 12 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knitting 100

10. Date deceased last worked at this occupation (month and year) May 1 1932

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eventon Tennessee 21

13. NAME Henry Choate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eventon Tennessee

15. MAIDEN NAME Cally Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Tennessee

17. INFORMANT (ADDRESS) 1811 Kingsbury St. Trenton Tenn

18. BURIAL, CREMATION, OR REMOVAL Trenton Tennessee DATE Aug 17 1932

19. UNDERTAKER (ADDRESS) Parker and Co Webster Groves Mo

20. FILED 8-17 1932 Dr. A. W. Westing Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1931 to Aug 16 1932

I last saw him (alive) on Aug 16 1932, 1932. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Apr 1931  
Pulmonary Thrombosis 12-9-31

Other contributory causes of importance: None

Name of operation No Date of .....

What test confirmed diagnosis? Clinical 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) A. W. Goodrich M. D.

(Address) 14 East Webster Groves

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.

SEP 27 1932

