

**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.....  
Township..... Primary Registration District No.....  
City St. Louis (No. West Minister Hospital)  
File No. 3551  
Registered No. 485  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4478 Cataract Bridge Cur. St. Ward. (If non-resident, 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>Married</u>
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 24 - 1869</u>		
7. AGE <u>63</u>	YEARS <u>7</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>UPHOLSTERER</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. Louis Car Co.</u>		
10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....		
11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Providence R.I.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Providence R.I.</u>		
13. NAME <u>Charles Henry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rhode Island</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rhode Island</u>		
17. INFORMANT <u>Mrs. Margaret Howry</u> (ADDRESS) <u>4478 Cataract Bridge Cur.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John's North</u> DATE <u>Jan 14, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Hermann</u> <u>161 East Park</u>		
20. FILED <u>JAN 14 1933</u> <u>Max Starobin</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Jan 12, 1933  
I last saw him alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 8:00 m.  
The principal cause of death and related causes of importance were as follows:  
Bulbar Paralysis Date of onset  
8:15  
9:00  
8:1

Other contributory causes of importance:  
Arterio Sclerosis

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

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) W. A. Knight, M. D.  
(Address) 8612 1/2 Wall Street

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.

