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

Do not use this space.

10907

1. PLACE OF DEATH
County St. Louis — Registration District No. 287 — File No.
Township St. Ferdinand — Primary Registration District No. 0030 — Registered No.
City Ferguson Mo (No. 742 N. Florissant Blvd St. Ward)

2. FULL NAME Katie Hensel

(a) Residence, No. St., Ward.
(Usual place of abode) (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: Female
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: Ernest Hensel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 1873

7. AGE: Years 59 — Months 3 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
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): St. Louis Mo

FATHER
13. NAME: Adam Hufnagel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Maria Kolb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ernest Hensel 742 N. Florissant Blvd Ferguson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE April 3 1933 — DATE 4-3- 1933
Old St. Mary's Cemetery

19. UNDERTAKER (ADDRESS): Wm J Robert, 1605 S. Broadway

20. FILED 4-7 1933 — Emma J. Hamer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-31- 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1933 to March 31- 1933, I last saw her alive on 3-20 1933. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

Chr Interstitial Nephritis — Date of onset 1925
131
930
Kidney

Other contributory causes of importance:
Chr myocarditis 1928
Arteriosclerosis 1927
Prostatic Hypertrophy (Accrued Hosp) 2-1-33

Name of operation None — 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) Roy Johnson, M. D.
(Address) Ferguson, Mo.

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD