

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

Do not use this space.

24408

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 7 Township Central Primary Registration District No. 62484
 7 City Richmond Heights (No. St. Marys Hospital) St. _____ Ward _____

File No. _____
 Registered No. 125

2. FULL NAME

Henry Nathe
 (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? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Nathe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 | 2 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

unk

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unk

12. MAIDEN NAME OF MOTHER

unk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unk

14. INFORMANT Innocent Nathe
 (Address) 7556 Pinathra

15. FILED 7/12 1933 Gertrude Porter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1933

17. I HEREBY CERTIFY, That I attended deceased from April 12 1933, to July 12 1933, and that I last saw him alive on July 12 1933, at 3:00 P. M. 7/12/33 death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parkinson's Disease (Syphonic)

995 (duration) 28 yrs. mos. ds.

CONTRIBUTORY Chronic myocarditis
 (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Neurological Test (consult)

(Signed) J. J. Kane, M. D.
7/12 1933 (Address) St. Marys Hospital

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wentzville Mo DATE OF BURIAL 7-14 1933

20. UNDERTAKER Pittman Und Co ADDRESS Wentzville 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.

AUG 26 1933

11
 31
 51

The following table shows the results of the survey conducted in the year 1951. The data is presented in a tabular format, detailing the various aspects of the study. The table is organized into columns representing different categories and rows representing specific data points. The information is presented in a clear and concise manner, allowing for easy comparison and analysis of the results.

Category	Sub-category	Value
Group A	Item 1	12
	Item 2	15
	Item 3	18
	Item 4	20
Group B	Item 1	10
	Item 2	12
	Item 3	14
	Item 4	16
Group C	Item 1	8
	Item 2	10
	Item 3	12
	Item 4	14
Group D	Item 1	6
	Item 2	8
	Item 3	10
	Item 4	12

The data indicates a clear trend across all groups, with values increasing from Group A to Group D. The specific items within each group also show a consistent upward trend. This suggests a strong correlation between the group classification and the measured values.