

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

Do not use this space.

34281

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City Black Jack, Mo. (No. Pleasant Ranch #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Humbertwerk  
 (a) Residence, No. Pleasant Ranch #2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1855

7. AGE YEARS 78 MONTHS 0 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 96  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 96  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 91

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Dan't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dan't Know

15. MAIDEN NAME Caroline Baedeker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Geo. M. Weber (ADDRESS) Pleasant Mo. Ranch #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack, Mo. DATE 10-23 1933

19. UNDERTAKER Grand View Co. (ADDRESS) 3710 N. Grand Blvd

20. FILED 11-8 1933 Emma J. Harris Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:30A. M.

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

Generalized arterio sclerosis -  
totally blind, from ocular atrophy,  
for several years. Rt eye removed  
some years ago. Chr. Myocarditis,  
Found dead on porch this A.M.

Other contributory causes of importance Angina pectoris,  
complaining of  
shortness of breath and fullness,  
pressure and pain in chest with

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? CORONER'S Was there an autopsy? view.

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?  
 If so, specify \_\_\_\_\_

John B. Timmon (Address) 3718 Jennings St  
Coroner, St. Louis, Mo. 10/21/33

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.

NOV 10 1933

MARGIN RESERVED FOR BINDING

V. B. NO. 2

most severe and chronic cough for years.