

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

Do not use this space.

34369

1. PLACE OF DEATH

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County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033 a
City Clayton (No. St. Louis Co Hospital) St. _____ Ward _____

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME Elizabeth Henning

(a) Residence, No. Webb Pk. Forest 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 Maxine Henning
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30 1905
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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

13. NAME Amos Welby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Maxine Henning
(ADDRESS) Webb Pk. Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Gravesville Mo DATE Oct 27 1933

19. UNDERTAKER Dudley Co. Co.
(ADDRESS) 7819 Washington

20. FILED 10/27 1933 Robert M. Mendenhall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1937

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 8 a.m.

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

Placenta Praevia, right lateral, placenta entirely unattached, Mother 8 months gestation.

Other contributory causes of importance:
Hemorrhage. Post Mortem findings: Uterus full of blood clots, about 8 months female child. Died at _____

(Name of operation) _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____

(Signed) Lester B. Timmer M.D.
(Address) 3718 Jennings St
Coroner St. Louis, Mo.

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.

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St. Louis County hospital, about one half
hour after entering.