

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

Do not use this space.

35210

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 4162) Chapman St. Ward)

File No.
Registered No. **9427**
St. Ward)

2. FULL NAME

(a) Residence, No. 4162 Chapman St., 16 Ward.
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hendman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 23

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

FATHER 13. NAME Mohrman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mary Hendman wife
4162 Chapman

18. BURIAL, CREMATION OR REMOVAL PLACE S. Peter & Paul DATE Nov. 2 1933

19. UNDERTAKER (ADDRESS) Quay J. Hoffmeister
4016

20. FILED NOV -1 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26th 1933, to Oct 31st 1933

I last saw him alive on Oct 31st 1933 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Broncho-pneumonia Date of onset 10/26/33
Hemiplegia (apoplexy) 8:20 a.m.

Other contributory causes of importance:
Generalized Arterio-sclerosis 1933
Chronic Myocarditis +

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? no Date of injury 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Artery of P. Smith

(Signed) Arbust P. Smith, M. D.
(Address) 4101 Louisiana Street
St. Louis

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 UNFADING INK—THIS IS A PERMANENT RECORD

