

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.

APR 25 1934

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

Do not use this space.

7221

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **2104**

City **St Louis** (No. **5591**) **Sindall Blvd**

St. Ward)

2. FULL NAME

Henry B Londerman Jr

(a) Residence, No. **5591 Sindalls** 1st Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **67** yrs. **7** mos. **15** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Mary B**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 12 1866**

7. AGE YEARS **67** MONTHS **7** DAYS **15** IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**

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) **St Louis Mo**

13. NAME **Henry B Londerman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Baltimore Md**

15. MAIDEN NAME **Sarah R Marshall**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dewes Del**

17. INFORMANT (ADDRESS) **John H Londerman 407 Park Drive Clayton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Baltimore** DATE **March 1934**

19. UNDERTAKER (ADDRESS) **Wagoner 3121 Olive St**

20. FILED **APR 25 1934** **J. F. Bredeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 27 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 15 1934** to **Feb 27 1934**. I last saw him alive on **Feb 27 1934**. Death is said to have occurred on the date stated above, at **10.5 A.m.**

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

Aneurysm Aortic Angina Date of onset **Feb 15**
Septic Pneumonia **Feb 25**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Otto E. Splender** M. D.
(Address) **4806 Washington Blvd (SANDENDER)**

