

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **St. Louis Mo.** Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **2828 N. 71 St.**)

File No. **11411**
Registered **8364**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **2828 N. 71 St.** St. **26** 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 **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 **Husband of Anna**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10th 1856**

7. AGE YEARS **77** MONTHS **7** DAYS **21** If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Furniture Co.**

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 Hambecker**

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

15. MAIDEN NAME **Don't know**

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

17. INFORMANT **Federick A Hambecker** (ADDRESS) **5732 FLOY**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. PETER & PAUL** DATE **April 4th 1934**

19. UNDERTAKER **Ang Brockland, K&L Co.** (ADDRESS) **1427 N. 9 St.**

20. FILED **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 31st 1934**

22. I HEREBY CERTIFY, That I attended deceased from **March 16th 1934** to **March 31st 1934**. I last saw him alive on **March 31, 1934**. Death is said to have occurred on the date stated above, at **11:20 P.** m.

The principal cause of death and related causes of importance were as follows:
Uremia 131 Date of onset **2 days**
Ch. nephritis 155
131 132 B

Other contributory causes of importance:
Erysipelas of face & head 2 week

Name of operation _____ Date of _____
What test confirmed diagnosis? **Lab** Was there an autopsy? **no**

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) **Arthur Sweeney**, M. D.
(Address) **220 University St.**

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.

