

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

Do not use this space.

#13702
MAY 25

1. PLACE OF DEATH

County St Louis Registration District No. 791
Township _____ Primary Registration District No. 1003
City St Louis (No. _____, _____ St. _____ Ward)

File No. 15190
Registered No. 4409

2. FULL NAME

(a) Residence, No. Henry Carmo St. 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte McHenry (Deceased)

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1934, to 4/22, 1934

I last saw him alive on 4/22, 1934 Death is said to have occurred on the date stated above, at 12:10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1861

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 0 26

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - Laborer

Chronic myocarditis & arteriosclerosis

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

Other contributory causes of importance: Coronary sclerosis

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) Canada

13. NAME Wm Carmo

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

15. MAIDEN NAME Clara Suffs

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

17. INFORMANT (ADDRESS) J Jordan 5805 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 4-28 1934

19. UNDERTAKER (ADDRESS) Walter Richter 2500 Rutger St

20. FILED APR 30 1934 J F Brudick Registrar

Name of operation _____ Date of _____ 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? The

If so, specify _____ (Signed) L. W. Neenan, M. D. (Address) Dore Wap

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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