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

399

Do not use this space.

17015

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1002 — File No.: 2384

Township: ~~Rav~~ — Primary Registration District No.: — Registered No.:

City: Kansas City (No. 430 West 58th St. Ward)

2. FULL NAME: Hermann C. Henrici

(a) Residence, No. 430 West 58th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

June 25, 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Lois Oldham Henrici

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 7, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Construction Engineer

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): Kansas City, Missouri

FATHER

13. NAME: William C. Henrici

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn, New York

MOTHER

15. MAIDEN NAME: Jennie Hildebrandt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kankekee, Indiana

17. INFORMANT (ADDRESS): W. M. Lowry 430 West 58th St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Washington Cemetery DATE: 6/1 1934

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Linwood Blvd

20. FILED: 5-31 1934 M. M. Moore Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to May 30, 1934

I last saw him alive on May 25, 1934. Death is said to have occurred on the date stated above, at ...P.m.

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

	Date of onset
Myocarditis [illegible]	Sept. 33
[illegible]	

Other contributory causes of importance:

Hypertension	1924

Name of operation: ✓ Date of:

What test confirmed diagnosis? Exam. 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? ✓ (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) R. J. Bohan, M. D.

(Address) Medical Bldg. K.C.Mo.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Kansas City 170 15

2384

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Hermann C Henrici

Who died at _____ on May 30 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years 49 Months 7 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Misplaced in fact

Birthplace of father (State or country) due to coronary occlusion

Birthplace of mother (State or country) by work cause of myocardial

Principal cause of death: infarction. No autopsy

Other contributory causes of importance Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar M. W. Crowe 5/31/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

Special Agent. G.C.

Reg. Dist. No. 399

Primary Reg. Dist. No. 1002

S-17015

1934