

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 60388  
 City Dayton (No. St. Louis Co. Hosp. - St. 204 Ward)

2. FULL NAME Chas. Hensel  
 (a) Residence, No. Chesterfield Mo. 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21788

**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 Emma Strobel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1846

7. AGE YEARS 87 MONTHS 11 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm  
 10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER  
 13. NAME John Hensel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Aug. Hensel  
 (ADDRESS) Chesterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Trinity Cem. DATE June 26 - 1934

19. UNDERTAKER Schroeder Funeral Home  
 (ADDRESS) Ballwin, Mo.

20. FILED 6/25 1934 Walt J. Leubrecht  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1934, to 6-24 1934  
 I last saw him alive on 6-24 1934 Death is said to have occurred on the date stated above, at 1:00 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia  
of rt. foot  
 Date of onset 6-21-34

Other contributory causes of importance:  
arterio-sclerotic gangrene  
of rt. foot  
6 mos.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Darwin Westphal, M. D.  
 (Address) St. Louis City Hospital

N. B.—Every CAUSE OF DEATH must be stated in full.

29  
fol  
Fe  
Rc  
Mpb  
Nsi  
D  
de  
v  
z

00

h

00

00

00

00

00

00

00

00

00

00

00

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

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

204

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: Chap Hersely  
Who died at St Louis Co Hoop on June 24 - 1934  
Residence: No. \_\_\_\_\_ St. Waterfield Mo  
(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 87 Months 11 Days 3

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 10  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_  
Principal cause of death: Broncho pneumonia

Other contributory causes of importance: arterio sclerotic gangrene of rt foot - simple gangrene

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 Robert J. Anderson

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.

Reg. Dist. No. 790

Very truly yours,  
E. T. Mc Gaugh M.D.  
S.C.

Primary Reg. Dist. No. 6033

Special Agent.

be stated. OCCUPATION is very important. PHYSICIANS should state. Item of information should be carefully supplied.

521988