

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

Do not use this space.

APR 9 1935

10500

1. PLACE OF DEATH

County Registration District No. **791**
 Townshp Primary Registration District No. **1003**
 City, St. Louis (No. Fernin Desloge Hosp) St. Ward)

2. FULL NAME

Beatrice Henry
 (a) Residence, No. 1118 Ursula St. N.R. Ward. University City Mo.
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred Life mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-16-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 yrs 4 12

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

MOTHER FATHER 13. NAME John A. M. Donnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast Ireland

15. MAIDEN NAME Julia Chenot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT Daniel Edgar Henry
 (ADDRESS) 1118 Ursula

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar-4-35

19. UNDERTAKER Berkley Richard
 (ADDRESS) 1138 N. 9th St

20. FILED MAR -3 1935 19 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1931 to March 1st 1935
 I last saw h. e. v. alive on March 1st 1935 Death is said to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Chr. Mitral & Tricuspid valve disease
& stenosis of mitral & tricuspid valves (Rheumatic in origin)
auricular fibrillation
 Date of onset 53

Other contributory causes of importance:
Old infarct of spleen
fresh infarct of left kidney
probable left sided glaucoma?
probable malignant glioma brain
 Name of operation Date of operation
 What test confirmed diagnosis? Was there an autopsy? yes

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 Physician M. D.
 (Signed) Fernin Desloge Hosp.
 (Address) St. Louis, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

