

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.

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

Do not use this space.

APR 29 1935

11379

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St Louis (No. Deaconess Hosp)

File No.: .....  
 Registered No. **3042**  
 St. .... (Ward)

**2. FULL NAME**

(a) Residence, No. 3214 Terry Ave. St. Ward. 6  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to March 31 1935  
 Last saw h. or alive on March 31 1935 Death is said to have occurred on the date stated above, at 1 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1914

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.  
18 6 21

Dyspnea, Bronchitis of wall of Pleura  
of Pleura  
 Other contributory causes of importance:  
heartless in Portmanteau  
& Lorry

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

FATHER 13. NAME Harry Hennemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER 15. MAIDEN NAME Lillian Christy

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

17. INFORMANT Harry Hennemann  
 (ADDRESS) 3214 Terry Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St John DATE April 3 1935

19. UNDERTAKER Wm Ledner & Co  
 (ADDRESS) 1417 N Market

20. FILED DRR -2 1935  
J. Bredetz  
 Registrar.

Name of operation ..... Date of .....  
 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 .....  
 (Signed) L. H. Karpman, M. D.  
 (Address) 203 Brown St

