

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

Do not use this space.

JUL 12 1935

18482

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3701st North 35th)
St. Ward.

File No.
Registered No. **4836**
St. Ward)

2. FULL NAME

(a) Residence, No. 3701st North 35th St., 20 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. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula D. Henrie (Dublin))
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
67 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal R.R. Co.
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) Penn

MOTHER 13. NAME Not Known

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Not Known

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Mrs. Lula D. Henrie
(ADDRESS) 3701st North 35th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE June 3 1935

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Papillon

20. FILED 1 1935 19 J. H. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935

22. I, HEREBY CERTIFY, That I attended deceased from April 2 1935 to May 30 1935
I last saw him alive on May 30 1935. Death is said to have occurred on the date stated above, at 11:10 P.

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

Myocardial Infarction as
complicated by
cerebral haemorrhage
Other contributory causes of importance: Arterial Sclerosis
Nephritic lesion

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (specify), 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? ✓

If so, specify.....
(Signed) J. H. Brebeck, M. D.
(Address) 2505 North 15th

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.

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

