

JUL 27 1935

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

Do not use this space.

21744

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis (No. 903 Zeiss Ave)

Registration District No. 1123
Primary Registration District No. 6248C

File No. _____
Registered No. 210 (Ward)

2. FULL NAME Henry Hennelzing

(a) Residence, No. 903 Zeiss Ave, St. _____, Ward _____
(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. (If nonresident, give city or town and State)

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 Theresa Hennelzing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 28

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.

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) mo

13. NAME Bernard Hennelzing

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

15. MAIDEN NAME Katharine Harvestadt

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

17. INFORMANT Theresa Hennelzing
(ADDRESS) 903 Zeiss Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE June 13 1935

19. UNDERTAKER Fendley and Co.
(ADDRESS) 7819 Michigan Ave

20. FILED June 11 1935 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1935 to 6-10 1935

I last saw him alive on 6-9-1935. Death is said to have occurred on the date stated above, at 545A m.

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

Carcinoma of Prostate Date of onset

Other contributory causes of importance:

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 Charles E. Henry, M. D. (Signed)

(Address) 7201 So Broadway

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.

