

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

1001-3-28-35

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.

001 2 3 1935

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

Do not use this space.

30745

1. PLACE OF DEATH

County.....

Township.....

City..... No.....

Registration District No.....

Primary Registration District No.....

791

1003

File No.....

Registered No.....

7527

St..... Ward.....

2. FULL NAME

Mary Henry

(a) Residence, No..... 5007 Robert Ward 7
(Usual place of abode)

Length of residence in city or town where death occurred 86 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 0 14

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

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

13. NAME (Father) Unknown Pelour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Indies

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East India

17. INFORMANT (ADDRESS) Harp Inf City Harp

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Sept 7 1935

19. UNDERTAKER (ADDRESS) Edith E. Aufusky 4234 Manchester Ave

20. FILED - 6 1935 REGISTRAR J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1935 to Sept 5, 1935
I last saw him alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 11:30 am
The principal cause of death and related causes of importance were as follows:

Intercerebral hemorrhage
1862
Other contributory causes of importance
Arteriosclerosis
U.S. Army
W. J. ...
...

Name of operation..... Date of.....
What test confirmed diagnosis? X-Ray 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 8-26-35
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. F. Bredeck, M. D.
(Address) City Harp #1

