

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *5600 Arsenal*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **12837**
Registered No. **2890**
St. *Isolation Hosp.* (Ward)

2. FULL NAME

Edward Henry

(a) Residence, No. *2210 North Broadway St.* Ward. *8*
(Usual place of abode)

Length of residence in city or town where death occurred *61* 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 *Anna Henry*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *February 10, 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 5

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

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 *Not Known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not Known*

15. MAIDEN NAME *Not Known*

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

17. INFORMANT *A. E. Reilly* *5600 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery Cem.* DATE *Mar 18, 1936*

19. UNDERTAKER *Henry Ludwig Ind. Co.* (ADDRESS) *1417 1/2 Market St.*

20. F. *W. Bredeck* Registrar. (Address) *St. Louis, Mo.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 14, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 11, 1936, to Mar 14, 1936*

I last saw him alive on *Mar 14, 1936* Death is said

to have occurred on the date stated above, at *9:05 p.m.*

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

Engorgement, fatal
59

Date of case? *3-9-36*

Other contributory causes of importance:

Diabetes Mellitus, Uncontrolled Diabetes?

Name of operation *none* Date of *none*

What test confirmed diagnosis? *clinical* 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?

If so, specify (Signed) *Henry J. Plouch*, M. D.

(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.

