

JUN 5 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

Do not use this space.

20765

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 734 Dover Pl)

File No. ....  
Registered No. **4951**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 734 Dover St., 15 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .... <u>at home</u>	
	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 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1936  
22. I HEREBY CERTIFY, That I attended deceased from March 20, 1936 to May 4, 1936.  
I last saw her alive on May 17 30, 1936. Death is said to have occurred on the date stated above, at 4 p. m.  
The principal cause of death and related causes of importance were as follows:  
chronic myocarditis Date of onset

Other contributory causes of importance:  
mitral stenosis

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 .....

(Signed) Ph. Brown, M. D.  
(Address) 3500 Cambridge  
Maplewood

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pella Iowa</u>
	13. NAME <u>George Henckler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Caroline Schmalkenbecker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Wilhelmine Heilman</u> <u>734 Dover St.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concordia Cem.</u> DATE <u>5-6 1936</u>
	19. UNDERTAKER (ADDRESS) <u>With Bro. K. &amp; M. Co.</u> <u>2429 S. Jefferson Ave.</u>
	20. FILED <u>MAY 6 1936</u> <u>J. P. Bredeck</u> Registrar

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.

MARGIN RESERVED FOR BINDING

V. B. NO. 2  
100M-2-29-35

