JUN 5 1936

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

Do not use this space.

20950

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5331 Arsenal St. ..... St. ..... Ward)

File No. .....

Registered No. 5151

2. FULL NAME Henry O. Held

(a) Residence, No. 5331 Arsenal St. St., 13 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: Anna F. Held

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1879

7. AGE: YEARS 56 | MONTHS 8 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co

10. Date deceased last worked at this occupation (month and year) 5-11-36

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Herman Held

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

MOTHER

15. MAIDEN NAME Anna Schmidt

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

17. INFORMANT (ADDRESS) Mrs Anna F. Held 5331 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE 5-15 1936

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 Sotrinshiguna

20. FILED ..... 19 J F Brodeck Registrar.

MAY 13 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1936, to 5-11, 1936

I last saw him alive on 5-11-, 1936. Death is said to have occurred on the date stated above, at 1:45 A m.

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

Coronary Sclerosis

Date of onset

Other contributory causes of importance: arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Physical examination 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) G J Fuchs, M. D.

(Address) 3901 Park St L. 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.

Dr Nylander's Office