

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

Do not use this space.

JUL 1 1936

1. PLACE OF DEATH
 County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **City Hospital No. 2**) St. _____ Ward _____

2. FULL NAME **Henry Tetez Carle**
 (a) Residence, No. **10 - 9 - 21 Street** Ward. **22** (if nonresident, give city or town and State)
 Length of residence in city or town where death occurred **27** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. **24624**
 Registered No. **6245**
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 22 - 1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	1	19	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common**

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) **Kentucky**

13. NAME **Pepe Carle**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

15. MAIDEN NAME **Mandy Wakeful**

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

17. INFORMANT **Ruby Perdeant** (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **July 29, 1936**

19. UNDERTAKER **Elmer Eymond Home** (ADDRESS) **2520 Broadway St.**

20. FILED **JUL 19 1936** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **5 - 30 - 1936**, to **6 - 11 - 1936**
 I last saw him alive on **6 - 11 - 1936** Death is said to have occurred on the date stated above, at **3:30 p.m.**
 The principal cause of death and related causes of importance were as follows:
Lung Abscess (non tuberculous) non traumatic caused by **antenna**
 Other contributory causes of importance: _____
 Date of onset **5-30-36**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Chemical** as there an autopsy? **Yes**

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) **J. Owen Blache**, M. D.
 (Address) **2945 Stanton**

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.

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