

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.

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

Do not use this space.

AUG 18 1936

791
1003

28557

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, Mo. (No. 5340 Claxton Ave. St. Ward)

File No.....
 Registered No. 7322
 St. Ward)

2. FULL NAME Frank Henselmeier

(a) Residence, No. 5340 Claxton Ave. St. 1 Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 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 Henselmeier
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 II 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Germany

MOTHER 13. NAME Wm. Henselmeier

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

15. MAIDEN NAME Anna Stumpf

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

17. INFORMANT Anna Hoffmann (Daughter)
 (ADDRESS) 5340 Claxton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE July 18 36

19. UNDERTAKER (ADDRESS) Kraeger Van Gorp
3402 N. Kingshighway

20. FILED 111 16 1936 ¹⁹ J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936
 22. I HEREBY CERTIFY, that I attended deceased from July 13 1936 to July 15 1936
 I last saw him alive on July 14 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Heat Prostration

[Handwritten signature]

Other contributory causes of importance: Arterio-sclerosis

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 Fallen & Twelley, M. D.
 (Signed) J. H. Bredeck (Address) 3825 N. 20th

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover	Mr. Clegg	Mr. Glavin	Mr. Ladd	Mr. Nichols	Mr. Rosen	Mr. Tracy	Mr. Carson	Mr. Egan	Mr. Gurnea	Mr. Hendon	Mr. Mumford	Mr. Quinn	Mr. Nease	Mr. Pennington	Mr. Starnes	Mr. Tamm	Mr. Egan	Mr. Gurnea	Mr. Hendon	Mr. Mumford	Mr. Quinn	Mr. Nease	Mr. Pennington	Mr. Starnes	Mr. Tamm
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The undersigned certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

Signed: _____
 Special Agent in Charge