

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

Do not use this space.

28667

AUG 28 1936

791

**1. PLACE OF DEATH**

County.....

Registration District No.....

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

7433

City ST. LOUIS MO. (No. City Hospital #1, Floor)

St. .... Ward

**2. FULL NAME**

HENRY ANDERSCH

(a) Residence, No. 3428 A PARKWAY,

Ward 17

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MALE

WHITE

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

HELEN ANDERSCH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JUNE 19-1850

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

86

—

26

OCCUPATION

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

WIFE.

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

W

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

13. NAME

Wm. ANDERSCH

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

GERMANY

15. MAIDEN NAME

UNKNOWN.

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

GERMANY

17. INFORMANT (ADDRESS)

HELEN ANDERSCH 3428 A Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethania Cem. DATE JULY 18 1936

19. UNDERTAKER (ADDRESS)

E. J. Schur 2725 Lafayette Ave.

20. JUL 16 1936

J. Bredack 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

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, 8:10 a.m.

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

Date of onset

Excessive Heat

Other contributory causes of importance:

M

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?.....

If so, specify.....

(Signed).....

(Address).....

7/16/36

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.

