

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

Do not use this space.

SEP 29 1936

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township

Primary Registration District No. 60335

City Clayton, Mo. (No. 206008)

File No. 32307

Registered No. 321

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 11 08

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

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) Alb.

13. NAME Hensy Lenoir

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

15. MAIDEN NAME unknown

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

17. INFORMANT M. Addison (ADDRESS) 20 Kinloch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash. Park Cem. DATE 8-22-1936

19. UNDERTAKER Boyd Boss (ADDRESS) Kinloch Mo.

20. FILED 5/20 1936 D. J. Aguonelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/6/1936 to 8/17/1936

I last saw h. male on 8-14-1936 Death is said to have occurred on the date stated above, at 8:50 Am.

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

Pulm. Tuberculosis Date of onset 23
arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? elms Was there an autopsy? _____

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) R. J. Addison, M. D.
(Address) St. Louis County, Mo.

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.

AUG 7 1950