

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.

SEP 15 1936

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

Do not use this space.
32773

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St Louis** (No. **St Louis**)

File No.
Registered No. **8650**
St. Ward)

2. FULL NAME

Edna Lucille Henn
(a) Residence, No. St. **N.R. Ward. Caseyville, Ill.**
(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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8, 1909		
7. AGE	YEARS 27	MONTHS 4
	DAYS 12	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	
	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) Mt Vernon, Ill.		
FATHER	13. NAME Joseph Henn	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canfield, Ill.	
MOTHER	15. MAIDEN NAME Bertie M. Miller	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Vernon, Ill.	
17. INFORMANT (ADDRESS) Joseph Henn Caseyville, Ill.		
18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis, Ill. DATE Aug. 23, 1936		
19. UNDERTAKER (ADDRESS) Charles B. Kuroos East St Louis, Ill.		
20. FILE NO. AUG 20 1936 J. F. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 23, 1936**, to **Aug 20, 1936**

I last saw her alive on **Aug. 19, 1936**. Death is said to have occurred on the date stated above, at **1:30 AM**.

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

Subacute bacterial endocarditis April 1936

Other contributory causes of importance: **9/12**

Name of operation Date of
What test confirmed diagnosis? **B. culture** 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) **Sam F. Beaman** M. D.
(Address) **3720 Washington** **Phaisika**

