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.

DEC 4 1938

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

Do not use this space.

File No. 38915
Registered No. 113

1. PLACE OF DEATH

County: St. Louis — Registration District No. 788
Township: ~~Jefferson~~ — Primary Registration District No. 4471
City: Webster Groves (No. 547, Oakwood Avenue St., Ward)

2. FULL NAME Henry Martin Held

(a) Residence, No. 547 Oakwood Avenue St., Ward. ----------
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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~~) Married Matilda Sophie Burkert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	0	21	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1936 — 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) House springs
(STATE OR COUNTRY) Jefferson County, Missouri

FATHER

13. NAME John Christ Held

14. BIRTHPLACE (CITY OR TOWN) Westphalia
(STATE OR COUNTRY) Prussia-Germany

MOTHER

15. MAIDEN NAME ~~Not known~~ Elizabeth Fabry

16. BIRTHPLACE (CITY OR TOWN) Westphalia-Prussia
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Matilda Held (wife)
(ADDRESS) 547 Oakwood, Webster Groves

18. BURIAL, CREMATION, OR REMOVAL Valhalla Cemtery
PLACE St. Louis County, Mo. DATE Oct. 31, 1936

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) Webster Groves, Mo.

20. FILED 10-30 — 1936 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 20 1936 to Oct 29 1936

I last saw him alive on Oct 29 1936. Death is said to have occurred on the date stated above, at 2:39 PM

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

	Date of onset
Acute Cardiac Dilitation	10/29/36

Other contributory causes of importance: Abscess Lung with Chr. Bronchitis ?

Name of operation ---- Date of ----
What test confirmed diagnosis? Clinical 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) W. H. Mueller, M. D.
(Address) Webster Groves Mo