SEP 10 1937

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

Do not use this space.

28989

791

1003

File No. 7622

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, (No. Deaconess Hosp/ St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Rev. Henry T. Bahnsen

(a) Residence, No. Elmor Ohio St., nR 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	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 Emily

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 23rd. 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	4	18	

OCCUPATION

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

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

FATHER

13. NAME Soenke Bahnsen

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

MOTHER

15. MAIDEN NAME Magd Filschau

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

17. INFORMANT (ADDRESS) Emily Bahnsen Elmore Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk DATE Aug. 13th 1937

19. UNDERTAKER (ADDRESS) William Schumacher 3013 Meramec Street

20. FILED AUG 12 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1937, to Aug 10, 1937

I last saw him alive on Aug 10, 1937 Death is said to have occurred on the date stated above, at 9/15 am

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

Cirrhosis of Liver (Mixed Type) — Date of onset May 1937

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) A. R. Shreffler, M. D.

(Address) 1020 Mo. Theatre Bldg St Louis

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2-36 50M-1-2-36 I X9314

Theater Bldg

Mrs Theatre Bldg.
8 30 to 9 30