

REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH29475
Do not use this space.

1. PLACE OF DEATH
- (a) County Jefferson Registration District No. 423
- (b) Township Rock Primary Registration District No. 5578 Registered No. 26
- (c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME H30 HENRY HELD SR.
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5th 1858

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

80 8 12

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

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

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) Ohn horst. Germany

FATHER 13. NAME Henry Held

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

MOTHER 15. MAIDEN NAME Maria Deneke

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

17. INFORMANT (ADDRESS) Henry G. Held
Kimmerwick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Angels Cemetery DATE Aug 16th 1939

19. FUNERAL DIRECTOR (ADDRESS) Heiligtag Funeral Home
Kimmerwick, Mo R. 22

20. FILED Aug 19 1939 Phil J. Vink
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1939, to Aug. 17, 1939

I last saw him alive on Aug. 17, 1939 Death is said to have occurred on the date stated above, at 2:40 a. m.

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

Hemiplegia, Rt!

Date of onset
8-7-39

Other contributory causes of importance:
Pneumonia, Hypostatic 8-16, 39

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? No

If so, specify _____

(Signed) Mariott T. Morrison M. D.

384 (Address) Kimmerwick, Mo.

22 d

STATEMENT BY LICENSED EMBALMER

I, Fred H Neeligtag, Licensed Embalmer No. 3150

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred H Neeligtag

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29475-
Do not use this space.

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 433
 (b) Township Wren Primary Registration District No. 58-78 Registered No. 26
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Held
 (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>12</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19..

22. I HEREBY CERTIFY, That I attended deceased from .. to .., 19..
 I last saw h. alive on .., 19.. Death is said to have occurred on the date stated above, at .. m.
 The principal cause of death and related causes of importance were as follows:
Hepatitis R.I. due to cerebral hemorrhage
9/1/39
 Date of onset
8/1/39
 Other contributory causes of importance:
Galactosemic Hypostatic pneumonia
9/1/39
 Name of operation .. Date of ..
 What test confirmed diagnosis? .. 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) Marshall T. Morrison
 (Address) Riverside

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

