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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22761

Registration District No. 784 Primary Registration District No. 210 Registrar's No. 1319

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Virgus St Ferdinand (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt Kelvey & Amelung / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Virgus (If outside city or town limits, write "RURAL") 0

(d) Street No. Mt Kelvey & Amelung 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES H. HENRICHS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb (Month) 6 (Day) 1871 (Year)

8. AGE: Years 70 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Stratman (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self

MOTHER FATHER

12. Name Carl W Henrichs

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name Caroline Sittel

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Augusta Henrichs

(b) Address Robertson Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon Cem

18. (a) Signature of funeral director Baumann Brothers

(b) Address Overland Mo

19. (a) JUN 24 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 22 year 1941 hour 7.01 minute A.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. — Duration

Due to Coronary thrombosis; arteriosclerosis, general.

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 74a

Of autopsy Yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature Louis H Bapp Brown (M. D. or other)

Address Kirkwood, Mo. 6/23/41 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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

If this body is not embalmed, fact should be so stated above.