WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24241

File No. 6355

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. Barnes Hospital St. Ward)

Registration District No. 79

Primary Registration District No. 1066

2. FULL NAME Henry North

(a) Residence, No. Glenwood Sanatarium St., 12 Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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 Bertha M. North

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1871

7. AGE: Years 61 | 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. Proprietor 360

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

10. Date deceased last worked at this occupation (month and year) July 6, 1932

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Index, Mo.

FATHER

13. NAME William North

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Summit, Mo.

MOTHER

15. MAIDEN NAME Nautilla Thruston

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

17. INFORMANT Bertha North
(ADDRESS) Glenwood Sanatarium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE July 11, 1932

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6135 Delmar

20. FILED JUL 11 1932, 19 Mrs. C. T. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-5-32, 19..., to 7-9-32, 19...
I last saw him alive on 7-8-, 1932. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema, Chr.	
113 Duration many years	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical 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) [illegible] BARNES HOSPITAL, M. D.

(Address)