

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.

To Be OKed By *Coroner of St. Louis County*

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

Do not use this space.

1. PLACE OF DEATH
 County *St. Louis* Registration District No. *786*
 Township _____ Primary Registration District No. *4469*
 City *Maplewood* (No. *7608* *Cartman Ave*) St. _____ Ward _____

2. FULL NAME *Henry Training*
 (a) Residence, No. *7608* *Cartman Ave* St. _____ 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.

17839

File No. _____
 Registered No. *23*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Oyrena Training</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 24, 1858</i>				
7. AGE	YEARS <i>77</i>	MONTHS <i>1</i>	DAYS <i>10</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Butcher Business</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>for self</i>			
	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) <i>St. Louis Mo</i>				
MOTHER FATHER	13. NAME <i>William Training</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
	15. MAIDEN NAME <i>Sophia Steinhilber</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Mrs Oyrena Training</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Dalhousie Cem</i> DATE <i>5-9</i> 19 <i>35</i>				
19. UNDERTAKER (ADDRESS) <i>Tracy's Chapel Mortuary 4228 St. Louis Highway</i>				
20. FILED <i>June 10, 1935</i> <i>Central District</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-4* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *4/15*, 19*35*, to *5/4/35*, 19...
 I last saw h. l. m. alive on *4/15*, 19*35* Death is said to have occurred on the date stated above, at *5* m.
 The principal cause of death and related causes of importance were as follows:
Cardio-nephritic Date of onset *1930*
 Other contributory causes of importance:
Acute Nephritis *4/15/35*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *By P. B. C.* 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 and how injury occurred? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Name of injury _____
 Name of injury _____
 Was disease or injury in any way related to occupation of deceased? *no*
 If so specify _____
 (Signed) *E. E. Ferman* M. D.
 (Address) *2901 Big Bend Pl.*

2901 Big Bend
3232 Washington
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