

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.

WHITE PRINTED WITH OBTAINING INFORMATION THIS IS A PERMANENT RECORD

*Wm. Henry*

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

Do not use this space.

40911

DEC 20 1935

1. PLACE OF DEATH

County *St. Louis* Registration District No. *789*  
Township *Central* Primary Registration District No. *6033*  
City *Stratton* (No. *Olive St. Rd. + Lindbergh*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. *294*

2. FULL NAME

(a) Residence, No. *Olive St. Rd. + Lindbergh* Ward \_\_\_\_\_ (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

MEDICAL CERTIFICATE OF DEATH

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 *Miriam Spragge*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 30 - 1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*63 8 4*

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

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) *Canada*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *✓*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *✓*

17. INFORMANT *Miriam Spragge*  
(ADDRESS) *Creve Coeur, Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *National Cem.* DATE *12-9-1935*

19. UNDERTAKER *Baumgardner Bros Inc.*  
(ADDRESS) *Overland, Mo.*

20. FILED *12-6-* 19 *35* *Adl Backner*  
Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from *Nov 20* 19 *35* to *Dec 4* 19 *35*

I last saw him alive on *Dec 4* 19 *35*. Death is said

to have occurred on the date stated above, at *4:45 P.M.*

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

*arterio-sclerosis (uncomplicated)* Date of onset \_\_\_\_\_

Other contributory causes of importance:

*Found dead sitting up in chair by his wife*

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) *R B Henry* M. D.

(Address) *Creve Coeur, Mo.*

