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

Do not use this space.

FEB 8 1937 **791**
1003

File No. 4085
Registered No. 1128

1. PLACE OF DEATH

County..........

Township.......... Primary Registration District No.......... Registration District No..........

City _St. Louis_ (No. _2610_ _Allen_ _2_ _Av._ St.......... Ward)

2. FULL NAME _Henry Henrici_

(a) Residence, No. _4442 S. Main_ St., _15_ 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. of foreign birth?..........yrs...........mos...........ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	_white_	_widower_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan. 24_ 19_37_

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

22. I HEREBY CERTIFY, That I attended deceased from.........., 19......, to.........., 19......

I last saw h........ alive on.........., 19...... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Nov. 16 1863_

to have occurred on the date stated above, at _6.20_ _a._ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,..........hrs. or..........min.
	_71_	_2_	_8_	

Bronchial Pneumonia
primary

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

Other contributory causes of importance:

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

_7a_

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

_107_

12. BIRTHPLACE (CITY OR TOWN) _Millstadt_
(STATE OR COUNTRY) _Illinois_

Name of operation.......... Date of..........
What test confirmed diagnosis?.......... Was there an autopsy?..........

FATHER
13. NAME _Henry Henrici_
14. BIRTHPLACE (CITY OR TOWN) _Germany_
(STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?.......... Date of injury.........., 19......

MOTHER
15. MAIDEN NAME _Carrie Reidel_
16. BIRTHPLACE (CITY OR TOWN) _Germany_
(STATE OR COUNTRY)

Where did injury occur?..........
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT _Louis A. Hoffmann_
(ADDRESS) _2712 Wyundota_

Manner of injury..........
Nature of injury..........

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Jeff. City Mo_ DATE _1-25_ 3

24. Was disease or injury in any way related to occupation of deceased? _No_
If so, specify..........

19. UNDERTAKER _Witt Bro. L. No._
(ADDRESS) _2929 Jefferson Av._
G. Bredeck

(Signed) _Joseph M. Zugen_ M.D.
(Address) _Deputy Coroner_

20. FILED **JAN 25 1937** Registrar.