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

20536

1 PLACE OF DEATH

County St. Louis

Township Bonhomme

or

Village

or

City (NO. St.; Ward)

Registration District No. 785

Primary Registration District No. 6031

File No.

Registered No. 69

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henry Papendorf

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Aug 17 (Month) (Day) 1848 (Year)

7 AGE 70 yrs. 10 mos. 10 ds.

If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry business, or establishment in which employed (or employer) Farm Work

9 BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS

10 NAME OF FATHER Henry Papendorf

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie Papendorf by W. S.

(Address) Webster Groves R.F.D.

15 Filed 6/29, 1919 Dunnavant Registrar

4 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 27 (Day), 1919 (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 17, 1919, to June 26, 1919 that I last saw him alive on June 26 11 P.M. 1919, and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Occlusion, Bile ducts with Rupture - Abscess of Liver

12 Hours (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Chronic Liver Hardening

(Duration) 10 yrs. ....mos. ....ds.

(Signed) Charles Zuppann M. D.

June 28, 1919 (Address) Ballwin Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Evangelical St John's

DATE OF BURIAL June 29, 1919

20 UNDERTAKER Wm Schrader

ADDRESS Ballwin Mo

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St. ..... Ward)

[If death occ
hospital or
give its NAM
of street and

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day) ....., 1..... (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ..... 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) ..... (Day) ....., 19

17 I HEREBY CERTIFY, that I attended deceas
....., 191....., to .....
that I last saw h.....alive on .....
and that death occurred, on the date stated above, at.....
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Ca
(1) Means of Injury; and (2) whether Accidental, Suicidal or Ho

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos..

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL .....
20 UNDERTAKER	ADDRESS

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE SECRETARY

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