APR 22 1927

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

Do not use this space.

7373

1. PLACE OF DEATH
County Buchanan
Registration District No.
Township
Primary Registration District No.
City St. Joseph, (No. 617 South 19 Street St. Sixth Ward)

File No.
Registered No. 328

2. FULL NAME John Herman Sestrup
(a) Residence. No. 617 South 19th Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 36 yrs. 2 mos. 16 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10. 1891.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
36	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Whalen & Feeney
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Herman Sestrup
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Elizabeth Satcum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Elizabeth Sestrup
(Address) 617 South 19th Street

15. FILED MAR 28 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March. 26th 1927.

17. I HEREBY CERTIFY, That I attended deceased from 24 March, 1927, to 26 March, 1927 that I last saw him alive on 26 March, 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alcoholism (acute)
1078
758 / 000
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Broncho-Pneumonia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH no DATE OF none
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tests
(Signed) [signature], M.D.
Mar. 28, 1927 (Address) 1908 Messanie St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemetery
DATE OF BURIAL: Mar. 29 1927.

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str

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.

...UNFADING INK—THIS IS A PERMANENT RECORD