

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

2139 *Klamberg*

Do not use this space.

38266

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St Louis Mo* (No. *4042*)

Co Main St

File No.....
Registered No. **10922**
St. Ward)

2. FULL NAME

Joseph Majer

(a) Residence No. *4042* *Co Main* St., *15* Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Male | *White* | *married*

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

Katerino Majer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 15 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | *8* | *19*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Laborer*

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Austria Hungary*

10. NAME OF FATHER

Michael Majer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Austria Hungary*

12. MAIDEN NAME OF MOTHER

Doris Knout

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Austria Hungary*

14.

INFORMANT *Katherine Majer*
(Address) *4042 Co Main St Louis Mo*

15.

FILED *FEC - 6 1927*
ma 6 Star of

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 4 1927*

17. I HEREBY CERTIFY That I attended deceased from *3:40* to *Dec 4 1927* that I last saw him alive on *Dec 4 1927* and that death occurred, on the date stated above, at *6:40* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho - Pneumonia

107 B 1000
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *[Signature]*

12-5-27 (Address) *2154*

*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

DATE OF BURIAL

St Peter & Paul Cem

12-7 1927

20. UNDERTAKER

ADDRESS

Weick Bros 2200 Do Brooding

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.

