

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City Hospital**)File No. **22285**Registered No. **6468**

St. Ward)

2. FULL NAME(a) Residence. No. **2431 Bacon** St., **11** 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., 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)****Married****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****Lizzie Lunsman****6. DATE OF BIRTH (MONTH, DAY AND YEAR)****Nov. 20 - 1842****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

15**6****27****8. OCCUPATION OF DECEASED**

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

Merchant

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

Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany**10. NAME OF FATHER****Not known****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany**12. MAIDEN NAME OF MOTHER****Not known****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany**14.**INFORMANT
(Address)**John Lunsman Jr.
2431 Bacon St.****15.**

FILED

Jan 19 1923

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)****June 17 1918****17.**

I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19....., and that

that I last saw him alive on 19....., 19....., and that death occurred, on the date stated above, at 19..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:**Chronic Myocarditis
Fracture left femur
Due to fall from****CONTRIBUTORY (SECONDARY)****Accident****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **yes****WHAT TEST CONFIRMED DIAGNOSIS?**(Signed) **J. W. Kerne**, M.D.**6/18, 1918** (Address) **Dep. Cor.**

*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****Friedens Cemetery****20. UNDERTAKER****ADDRESS****Wheeler & Co. 2707 N. Grand**

