

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

Do not use this space.

22498

1. PLACE OF DEATH

County.....

Registration District No. 7071

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. 5070)

File No.

Registered No. 6700

St.

Ward)

2. FULL NAME

(a) Residence. No. 5070 Winona St. 4 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.

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

Anna Thierjung

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

Feb-15-1859

7. AGE

YEARS

MONTHS

DAYS

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

69

4

10

8. OCCUPATION OF DECEASED

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

fainter

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

City Hospital

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

10. NAME OF FATHER

Dominic Thierjung

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

11

14.

INFORMANT
(Address)

Anna Thierjung
5070 Winona

15.

FILED
JUN 26 1928
19

May C. Stankler
71

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June-25-1928

17.

I HEREBY CERTIFY That I attended deceased from May 25 1928, to June 25 1928, that I last saw her alive on June 25 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Corporal Poisoning
non Alcoholic
12/18 (duration) - yrs. 04 mos. - ds.

CONTRIBUTORY (SECONDARY)

15 22 B1 (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.....

(Signed) G. F. Fisher

June 26, 1928 (Address) 2315 Pershing

*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

Hiram Cemetery

6-27-1928

20. UNDERTAKER

ADDRESS

Peety Bros. 3029 Lafayette

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

8.36 to 10 a.m.

2.3 p.m.