

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

Do not use this space.

26541

**1. PLACE OF DEATH**

County.....Buchanan.....  
Township.....  
City.....

Registration District No. **85**  
Primary Registration District No. **1001**  
No. St. Joseph Hospital St. Ward

File No.....  
Registered No. 1075 St. Ward

**2. FULL NAME** Ernest Wm. Dienger

(a) Residence No. 728 South 14 St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 17, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	83	8	10	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Saloon Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Erieberg  
(STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Wm. Dienger  
(Address) 705 So. 13

15. FILED 28 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1928, to Aug 27 1928. that I last saw him alive on Aug 27 1928, and that death occurred, on the date stated above, at 3:37 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy  
(duration) yrs. mos. ds. 3  
CONTRIBUTORY arteriosclerosis general  
(SECONDARY) several  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(State) D. J. Moran M. D.  
Aug. 29 1928 (Address) Kirkpatrick Bldg.

\*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 <u>Mt. Olivet Cemetary</u>	DATE OF BURIAL <u>August 30 28</u>
20. UNDERTAKER <u>H.O. Sidemfadan</u>	ADDRESS <u>1802 Union St.</u>

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.

SEP 24 1928

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