

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

Do not use this space.

3259

1. PLACE OF DEATH STE. GENEVIEVE
 County..... Registration District No. 780
 Township..... Primary Registration District No. 4466
 City St. Genevieve (No.) St. Ward)

2. FULL NAME Joseph J. Death
 (a) Residence No. St. 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** married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>81</u>	<u>8</u>	<u>23</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) New Affenberg
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER David Death

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Theresa Hopmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Frank Herrahl
 (Address) St. Genevieve Mo

15. FILED Jan 10, 1929 T.W. Douglas
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to 1-9, 1929 that I last saw him alive on 1-3, 1929, and that death occurred, on the date stated above, at 11:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
Senility
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G.M. Rutledge, M.D.
Jan 10, 1929 (Address) St. Genevieve, Mo.

*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 St. Genevieve Mo **DATE OF BURIAL** Jan 11 1929

20. UNDERTAKER John Basler St. Genevieve Mo **ADDRESS**

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.

DEPARTMENT RECORD

23 1929
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