

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

Do not use this space.

29496

File No. _____
Registered No. **8676**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 01
Township _____ Primary Registration District for 0003
City St. Louis (No. City of St. Louis)

2. FULL NAME

(a) Residence. No. 2722 E 12 St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1929 to Aug 23, 1929 that I last saw him alive on Aug 23, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 - 1865

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 11

Chr. Parenchymatous Nephritis
& Hypertension (duration) 2 yrs. 2 mos. ds.
CONTRIBUTORY Bronchitis - Pneumonia (SECONDARY) (duration) 1 day

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auto Repairer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

18. WHERE WAS DISEASE CONTRACTED 2423 So. 12th St
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis, blood W.P.K.

(Signed) Ben Margulies M. D.

8/23, 1929 Address City Hosp.

*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 New St. Marcus DATE OF BURIAL 8-25-1929

20. UNDERTAKER Ziegenhain Broz. 2623 ADDRESS Cherokee St.

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

France

10. NAME OF FATHER Johu Neunrich

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Cherrah (Address) City of St. Louis

15. FILED 19 Mark C. Staden REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Numbered.