

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

Do not use this space.

10955

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2985
St. Ward)

2. FULL NAME

(a) Residence. No. 1514 College ave St. 9 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 Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 9

8. OCCUPATION OF DECEASED

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

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

PARENTS
10. NAME OF FATHER Johannes Yunkerling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Anton Heer
(Address) 1514 College ave

15. FILED Mar 23 1930 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24-1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930, to Mar 24, 1930 that I last saw h. al. alive on Mar 24, 1930, and that death occurred, on the date stated above, at 8:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Non Tubercular Chronic Bronchitis chronic myocarditis

93L
106B
95B
CONTRIBUTORY (SECONDARY) Acute cardiac dilatation
(duration) ? yrs. mos. ds.
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 900B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) Albert J. Matzel, M. D.
MAR 24 1930 (Address) 27 & 3 20 Second

*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 Calvary Cem DATE OF BURIAL March 27 1930

20. UNDERTAKER Edward Koch ADDRESS 3516 1/2 14th St.

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.

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