

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

Do not use this space.
15397

1. PLACE OF DEATH

County Ruehman
Township St. Joseph
City St. Joseph (No. State Hospital No. 2)

Registration District No. 85
Primary Registration District No. 1001

File No. 620
Registered No. 620 St. Ward

2. FULL NAME

(a) Residence. No. St. Ward Craig, Missouri
(Usual place of abode)
Length of residence in city or town where born 5 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND GENERAL PARTICULARS

3. SEX M
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1887.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>43</u>	<u>4</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Craig, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Ldeker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hanover, Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dorothy East
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hanover, Germany
(STATE OR COUNTRY)

14. INFORMANT Hosp. nurse
(Address) State Hospital

15. FILED 19 REGISTRAR J. O. Sidenfaden

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from May 18th 1930 to May 23rd 1930 that I last saw him alive on May 23rd 1930 and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

84 Mariscal Exhaustion
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Susanity
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
May 23 (Signed) J. O. Sidenfaden M. D.
State Hosp. # 2

*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 Craig, Missouri DATE OF BURIAL May. 26 1930

20. UNDERTAKER J. O. Sidenfaden ADDRESS 1802 Union Str

N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

THIS IS A PERMANENT RECORD
WITH UNFADING INK.
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