

OCT 28 1930

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

Do not use this space.

29321

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Primary Registration District No. 3009
City (No. St. Monica Hospital) St. Ward)

File No.

Registered No. 503

2. FULL NAME

Herman Stieris
(a) Residence. No. 377 N. Park 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 20

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

9. BIRTHPLACE (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo. Stieris

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

12. MAIDEN NAME OF MOTHER Thelminia Stieris

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

14. INFORMANT Mr. Albert Stieris
(Address) Cardanville, Mo.

15. FILED 9/8 1930 W. Kauffman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1930, to Sept 6, 1930, that I last saw him alive on Sept 6, 1930, and that death occurred, on the date stated above, at 5:40 PM m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock from Ether while on table from operation of Gall Stones
..... (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 123
..... (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-6-30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Path. Examinations
(Signed) W. Kauffman, M. D.

*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 Lansing DATE OF BURIAL Sept 8 1930

20. UNDERTAKER W. Kauffman ADDRESS 536 Bond

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.

RECORD

