

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

30908

File No.
Registered No. 160
St. Ward

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City

Registration District No. 757
Primary Registration District No. 5998
(No. County Rayburn)

2. FULL NAME

(a) Residence No. Joseph Vennert St. Ward. Rayburn
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 14 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)**Single**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**2 2 1859**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 71**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Labourer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky**PARENTS****10. NAME OF FATHER**E. J. History**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No History**12. MAIDEN NAME OF MOTHER**No History**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No History**14. INFORMANT**

(Address)

New Pointe Sept.County Rayburn**15. FILED**9/23 30 Hy. G. Bloebauer

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**Sept 19 19 30**17.**

I HEREBY CERTIFY, That I attended deceased from

..... 19..... to Sept 7 1930
(that I last saw him alive on Sept 8 1930 and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis
87%
97%
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

General Arteriosclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Bradley M. D.9-20, 19 30 (Address) Rayburn

*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

DATE OF BURIAL

Oak Grove Cem.9/22 19 30**20. UNDERTAKER**

ADDRESS

H. Hallmeyer & Sons 60 800 N. 1st St.

OCT 31 1930

