

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

Do not use this space.

34137

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis (No. 3706 Texas W)

File No.

Registered No. 9473

St. Ward)

2. FULL NAME

(a) Residence. No. 3706 Texas St. 24 Ward. (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 Emma Radentz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 20

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

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

10. NAME OF FATHER Fred. Radentz

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emma Radentz (Address) 3706 Texas

15. FILED May 11 1934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1934

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1930 to Oct 2 1930 that I last saw him alive on Oct 1 1930, and that death occurred, on the date stated above, at 6 A. m.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Apoplexy
non Tubercular (duration) yrs. mos. ds.
CONTRIBUTORY Chronic Bronch catarrh & pneumonia (SECONDARY) attack of lungs 7 years (duration) 4 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) Prof. H. H. H. H. M. D.

(Address) 3009 20th St. St. Louis

*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 Concordia Cem. DATE OF BURIAL 10/4 1930

20. UNDERTAKER Theo. H. Biederwiden ADDRESS 1934

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.

