

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis,

(No. On Route City Hospital # 1)

File No. 41631
Registered No. 53
St. _____ Ward _____

2. FULL NAME Anton Dehntjer, Jr.

(a) Residence. No. 306 Market Street. St. 25 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) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1907.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>23</u>	<u>9</u>	<u>8.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day laborer.

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

(c) Name of employer

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

10. NAME OF FATHER Anton Dehntjer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lillie Winton.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Mo.

14. INFORMANT Anton Dehntjer
(Address) 306 Market Street.

15. FILED 2-13-31 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31, 1930

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 1:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
(non-traumatic)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Kerner M.D.

112, 1931 (Address) Dep. Coroner

*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 St. Paul Churchyard. DATE OF BURIAL Jan. 2, 1931.

20. UNDERTAKER K. A. Gebken L. & Co. ADDRESS 2842 Meramec.

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.

