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

Do not use this space.

34117

NOV 24 1931

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.

1. PLACE OF DEATH

County Franklin — Registration District No. 296 — File No.

Township — Primary Registration District No. 4180 — Registered No.

City Union (No. , St. Ward)

2. FULL NAME Mrs. Mary Myrtle Stierberger

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 26 1872

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 59 | 1 | 10 | |

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

9. BIRTHPLACE (CITY OR TOWN) Union.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Alfred A Vitt

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

12. MAIDEN NAME OF MOTHER Mary Jane White

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

14. INFORMANT Mrs. J. W. Ream
(Address) Portland, Oregon.

15. FILED Oct 12, 1931 E. A. Stierberger
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1931, to Oct 6, 1931, that I last saw he alive on Oct 5th, 1931, and that death occurred, on the date stated above, at 5:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

Acute

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Classical Symptoms

(Signed) Jos. W. Bailey M. D

10/6, 1931 (Address) St. Louis Mo.

*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 |
|---|---|
| Union Cemetery Union, Missouri. | Oct 8 1931 |

20. UNDERTAKER Union Furniture Co. — ADDRESS Union, Mo.
By Wm H. Horn

MAY 2 0 1949