

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

Do not use this space.

2680

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1002

City St. Louis

(No. City Hospital)

File No. ....

Registered No. 374

St. ....

Ward) .....

**2. FULL NAME**

(a) Residence, No. 1602 So. 7th St. 23 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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) July 22-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

13. NAME Frank Sterner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

15. MAIDEN NAME Catherine Brodski

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Hoegental Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE New Ashmun DATE Jan 13, 1932

19. UNDERTAKER (ADDRESS) Assessors Bldg

20. FILED Jan 12 1932 Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10th, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 5th, 1932, to Jan 10th, 1932. I last saw him alive on Jan 10th, 1932. Death is said to have occurred on the date stated above, at 9:20 AM. The principal cause of death and related causes of importance were as follows:

Brachy pneumonia  
46  
93  
107K  
Other contributory causes of importance: Chronic Acute Myocarditis

Name of operation Autopsy Date of Jan 10  
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury. /, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Max J. Keller M. D. (Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Storcer -