

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

Do not use this space.

1931

File No. 6789⁵¹

Registered No. 1868

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. Barnes Hospital St. Ward)

2. FULL NAME

(a) Residence, No. 4158 a Junata St., 16 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>-</u>	<u>23</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retiree 2 yr

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) Hungary ¹⁴

13. NAME John Rosenstengel

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

15. MAIDEN NAME Rosenstengel

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

17. INFORMANT (ADDRESS) Ethel Rosenstengel
4158 Junata

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. P. Cemetery DATE Feb. 27, 1932

19. UNDERTAKER (ADDRESS) Warden-Hardell
2330 So. Broadway

20. FILED FEB 26 1932 W. C. [Signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-18 1932, to 2-25 1932

I last saw him alive on 2-25, 1932. Death is said

to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
23A
108

Other contributory causes of importance:

Pulmonary Tbc.
Tuberculosis

Name of operation DB Date of
What was confirmed diagnosis? (1) Was there an autopsy?

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) [Signature] M. D.
(Address) BARNES HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. James Stewart,
% State Board of Health,
Jefferson City, Mo.

Dear Sir:-

We are herewith returning two certified Copies of death certificate of John Rosenstengel, Deceased and wish to advise that the name is misspelled on certified copies. The name should be R O S E N S T E N G E L, as per original death certificate and we ask you to kindly issue two new copies and forward to us at your earliest convenience.

Thanking you in advance, we are,

Yours very truly,

WACKER-HELDERLE U. & L. CO.

Per.

Thos. S. Loy

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. File No.
Township Primary Registration District No. Registered No. 1868
City Solous (No. Barnes Hospital) St. Ward)

2. FULL NAME

John Rosenstengel
(a) Residence, No. 4158^a Junata St., 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1881

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at Leop.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 - - 23

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

Date of onset

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

FATHER 13. NAME John Rosenstengel

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ethel Rosenstengel

18. BURIAL, CREMATION, OR REMOVAL PLACE New Peter Paul DATE Feb 27 32

19. UNDERTAKER (ADDRESS) Wacker-Haldere 233A Broadway

20. FILED 11 15 19 W. C. Farley Registrar

SUPPLEMENTARY

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.