

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

Do not use this space.

✓ 17690  
File No. \_\_\_\_\_  
Registered No. 4641  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 791  
City Solonia (No. 3432) Magolia km

**2. FULL NAME**

(a) Residence, No. 3432 Magolia St., 16 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7-1853

7. AGE YEARS 79 MONTHS 1 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His own  
10. Date deceased last worked at this occupation (month and year) May 12-1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 11

FATHER 13. NAME Geo. W. Duennemann

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

MOTHER 15. MAIDEN NAME Duennemann

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

17. INFORMANT (ADDRESS) Mrs. Mary E. Duennemann  
3432 1/2 Magolia km.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Emanuel, DATE May 13 1932

19. UNDERTAKER (ADDRESS) Petty Bros  
302 1/2 Solonia km

20. FILED MAY 12 1932 Magolia Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1930 to May 11 1932

I last saw him alive on May 9 1932 Death is said

to have occurred on the date stated above, at 4 A.M.

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

Myocarditis chronic Date of onset 1930  
131  
930  
97  
Other contributory causes of importance: Arteriosclerosis chronic 1930  
interstitial nephritis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_

(Signed) Frank V. Meeks, M. D.  
(Address) 3500 N. Grand

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.

A. F. 1610 -