

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

Do not use this space.

42286

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 3002
 City..... St. Louis (No. 3278 Regal Pl. St. Ward)

File No.
 Registered No. 11416
 St. Ward)

2. FULL NAME

(a) Residence, No. St., B3 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21, 1863</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>1</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dairyman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>			
	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) <u>Switzerland 26</u>				
MOTHER FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
17. INFORMANT <u>Lena Seifert</u> (ADDRESS) <u>3278 Regal Pl</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Burial Pl</u> DATE <u>12/24</u> 19 <u>32</u>				
19. UNDERTAKER <u>C. Hoffmeister & Co.</u> (ADDRESS) <u>1111 S. Olive</u>				
20. FILED <u>DEC 23 1932</u> <u>W. C. Starkey</u> Registrar				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1930, to Dec 20, 1932

I last saw him alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 2:20 a. m.

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

Chronic Myocarditis 1930
 930
 Other contributory causes of importance: none

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? no
 If so, specify
 (Signed) J.P. Hemmerich Jr, M. D.
 (Address) 6200 Columbia Ave

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.

6200 Estimation

9-10 a.m.