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.

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

Do not use this space.

3399

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 298

2. FULL NAME Joseph Haendlein

(a) Residence, No. 2201 So 11th 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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1854

7. AGE YEARS 78 MONTHS 7 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monta Sanna Chemical Co.

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) Hungarn

FATHER

13. NAME John Haendlein

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

MOTHER

15. MAIDEN NAME Katy Kochenberger

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

17. INFORMANT (ADDRESS) George Haendlein 2201 So 11th St

18. BURIAL, CREMATION OR REMOVAL PLACE St Peter & Paul DATE Jan 11 1933

19. UNDERTAKER (ADDRESS) Arendes Bros. 4635 So Broadway

20. FILED JAN -9 1933 Max C Starkey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from JAN 7th, 1933, to JAN 8th, 1933

I last saw him alive on JAN 8th, 1933. Death is said to have occurred on the date stated above, at 5:10 p.m.

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

Broncho-pneumonia — Date of onset JAN 4th

107A

107A

Other contributory causes of importance

Name of operation ..... 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) G. M. Schuricht, M. D.

(Address) 2327 So. 12th St