

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1008

City St. Louis

(No. Mo. Baptist Hospital St. Ward)

File No. 4015

Registered No. 981

2. FULL NAME

Geo. Papanbrook

(a) Residence, No. 3948 A St. Louis St., 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 9 mos. 15 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 Emma Papanbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11th 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 9 15

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

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

10. Date deceased last worked at this occupation (month and year) 2 yrs ago 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Geo. Papanbrook

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

15. MAIDEN NAME Anna Unknown

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

17. INFORMANT Emma Papanbrook
(ADDRESS) 3948 A St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram DATE Jan 30 33

19. UNDERTAKER (ADDRESS) Frank Hiney, 1115 N. 1st St. St. Louis

20. FILED JAN 27 1933 St. Louis Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to Jan 26, 1933
I last saw him alive on Jan 26, 1933 Death is said to have occurred on the date stated above, at 5 P. m.

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

Myocardosis 131 Date of onset 7/24/33
Broncho Pneumonia
93 10/17

Other contributory causes of importance:
Myocardosis Chronic 6-1931
Arterio Sclerosis
Glomerulo Nephritis
Hypertension

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 Frank Hiney (Signed) Stumboldt (Address) St. Louis, M. D.

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.

W. S. NO. 2

