

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

Do not use this space.

25743

1. PLACE OF DEATH

County Puchary Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 2704 Nonplanned) St. Doniphan Ward 1

2. FULL NAME

(a) Residence, No. 2704 Doniphan Ave St. Doniphan Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 Barbara Hannush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1865

7. AGE YEARS 68 MONTHS 2 DAYS 16 IF LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 19, 1933 11. Total time (years) spent in this occupation. 37 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Austria

13. NAME Frank Hannush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Austria

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Barbara Hannush 2704 Doniphan Ave

18. BURIAL (CREMATION) OR REMOVAL PLACE Hannush City mo DATE Sept 2, 1933

19. UNDERTAKER (ADDRESS) E. G. Didenaden 602 S. 10th St

20. FILED 8-31-33 1933 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to August 21, 1933
 I last saw him alive on August 20, 1933 Death is said to have occurred on the date stated above, at 7:30 m.

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

Cerebral Occlusion
Chronic Myocarditis
935 Pericarditis
943
903
 Other contributory causes of importance: 930

Name of operation Cerebral Date of 1-0
 What test confirmed diagnosis Biopsy 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) Dr. E. B. Bugh, M. D.
 (Address) St. Joseph mo

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.

SEP 26 1933

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