

Gov. Service yes.
Do not use this space.

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

28433

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. Lutheran Soc.)

File No.
Registered No. 6927
St. Ward)

2. FULL NAME

(a) Residence, No. apartment, Allison St., M 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. 7 hrs. How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 2 18

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

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

10. Date deceased last worked at this occupation (month and year) 2 wks 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton Ill.

13. NAME Rev. Ges. J. Goehring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Accident Maryland

15. MAIDEN NAME Fredricka Rozenpohl

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

17. INFORMANT Mrs. Robert Fisher

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug. 13 1933

19. UNDERTAKER Hy Libner and Co

20. FILED 11 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:30 P.m.

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

Acute Cholecystitis
Chronic Parenchymatous

Other contributory causes of importance:
131
127 B
107

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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.....

(Signed) Harold B. Dwyer

(Address) Deputy Registrar

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.

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8/11/33

