

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

Do not use this space.

11254

APR 25 1934

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

No.

Junata

File No.

Registered No.

3155

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

George H. Konert
3927 Junata St., 16

Ward.

(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) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma H. Konert (decd)				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-4-1866				
7. AGE	YEARS 67	MONTHS 3	DAYS 23	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
MOTHER	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) Germany			
FATHER	13. NAME Henry Konert			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME Wilhelmina Feldman			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT Mrs. Ella Schuster 3927 Junata				
18. BURIAL, CREMATION, OR REMOVAL Place Zion Date 3/30, 1934				
19. UNDERTAKER (ADDRESS) Arthur L. & Marya Conroy 2727 Main St. St. Louis, Mo.				
20. FILED 148 20 103 J. B. Bredbeck Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1934

22. I HEREBY CERTIFY, That I attended deceased from
Mch. 26, 1934, to Mch. 27, 1934
I last saw him alive on Mch. 27, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:
Paratyphus typhoides (Chronic)
131

Other contributory causes of importance:
131

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Paul G. Dudley, M. D.
(Address) 608 7th St. St. Louis, Mo.

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.

