

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

Do not use this space.

31005

1. PLACE OF DEATH **SEP 13 1934**

791

County.....
Township.....
City **St Louis** (No. **Discounted Hosp.**)

Registration District No.....
Primary Registration District No. **1003**

File No.....
Registered No. **8271**
St. Ward)

2. FULL NAME **Paul Suenkel**

(a) Residence, No. St. **NR** Ward. **Owensville Mo**
(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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July - 18 - 1922**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil 231**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **114A**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **15 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Owensville Mo.**

13. NAME **William Suenkel 2**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Drake Mo**

15. MAIDEN NAME **Lydia Drake**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Drake Mo.**

17. INFORMANT (ADDRESS) **William Suenkel**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Owensville Mo** DATE **Aug 15 1934**

19. UNDERTAKER (ADDRESS) **Albert St Hopp**

20. FILED **AUG 15 1934** **J. Bredeck** Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug - 12 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 4 1934** to **Death** 19....

I last saw him alive on **Aug 11 1934** Death is said to have occurred on the date stated above, at **6:45 a.m.**

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

Pyemia caused by abscesses of legs long cause of abscesses Right leg, unknown

Multiple pulmonary abscesses areas

Other contributory causes of importance: Suspected T.B. had been drinking milk from infected cows

Name of operation..... Date of.....
What test confirmed diagnosis? **Culture** Was there an autopsy? **1934**

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? **Yes**
If so, specify.....

(Signed) **J. Bredeck**, M. D.

(Address) **114A Owensville 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.

H.C. HERRICK
Metropolitan Bldg