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.

OCT 11 1934

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

791

Do not use this space.

34163

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8942

City St Louis (No. Central Hospital St. ..... Ward)

2. FULL NAME Joseph Duisen

(a) Residence, No. Robertson Mo. St., NR Ward. St Louis County
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tourist Camp 12 1A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. 12 1B

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 9 1A

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

FATHER

13. NAME Frank Duisen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?, Germany

MOTHER

15. MAIDEN NAME Catherine Strunk

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

17. INFORMANT (ADDRESS) Mrs. Hilda Duisen Robertson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE Sept 7, 1934

19. UNDERTAKER (ADDRESS) Geo L Pleitsch Inc. 5966 Easton Ave

20. FILED SEP -7 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1934, to 9/4 —, 1934

I last saw him alive on 9-4, 1934. Death is said to have occurred on the date stated above, at 1.40 P. m.

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

	Date of onset
1A Cerebolism	
1B in Heart	
1A	

Other contributory causes of importance:

Gangreen Ruptured appendix

Name of operation appendectomy Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Dr M J Hannan M. D.

(Address) 2743 N Grand

2743 N Grand.

9.30 to 11 & 2 to 4 PM

Franklin 1800