

NOV 13 1934

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

Do not use this space.

37500

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Bethesda Hospital)

File No.....

Registered No. 9944

St. .... Ward)

## 2. FULL NAME Louis J. Penzler

(a) Residence, No. 2469<sup>s</sup> Grace St. 16 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. 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 Mamie Penzler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 1 13

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

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

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) St. Louis Mo

13. NAME Johann Penzler

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

15. MAIDEN NAME Elizabeth Benhart

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

17. INFORMANT Mrs. L. J. Penzler (ADDRESS) 2469<sup>s</sup> Grace

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Lutheran 10-11-1934

19. UNDERTAKER Southern Und Co (ADDRESS) 10322 S Grand

20. FILED Oct 11 1934 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Oct 10, 1934

I last saw him alive on Oct 8, 1934. Death is said

to have occurred on the date stated above, at 11 A.m.

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

Carcinoma of the stomach. Date of onset

which perforated

4/11/34

1934

Other contributory causes of importance: Peritonitis 4/6

Name of operation Exploratory laparotomy Date of Oct 5 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No No 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) Max Stahl M. D.

(Address) 6-12 Duval

Staveland  
& Linnell