

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

Do not use this space.

NOV 13 1934

37501

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.....

Township.....

Primary Registration District No. 1007

Registered No. 9945

City St. Louis (No. 2846)

City St. Louis (No. 2846) Ward. 24

2. FULL NAME

(a) Residence, No. 2846 St. Louis Ward. 24
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. 0 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12-1884

7. AGE YEARS 83 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D. K. C. A.
 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 Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm J. Patrick City St. Louis #1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Lutheran DATE Oct 17, 1934

19. UNDERTAKER (ADDRESS) Southern Ind. Co. 6322 S. Grand Blvd.

20. FILED Oct 10 1934 J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8/21, 1934, to 10-10, 1934

I last saw him alive on 10-10, 1934. Death is said to have occurred on the date stated above, at 6:06 a.m.

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

Hypertrophy of Prostate
Atherosclerosis
 Date of onset 12/4
 Other contributory causes of importance:
Pyelocystitis
Senile Dementia
Cholelithiasis

Name of operation Transurethral Date of 9/27/34
 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? No

If so, specify.....
 (Signed) H. E. Snow, M. D.
 (Address) City St. Louis #1

