MAR 1 4 1935

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

Do not use this space.

File No. 4939

Registered No.

1. PLACE OF DEATH

County Franklin — Registration District No. 296

Township — Primary Registration District No. 4180

City Union (No. , St. Ward)

2. FULL NAME E. A. Stierberger

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Mrs. E. A. Stierberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1875

7. AGE: Years 59 — Months 10 — Days 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor (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) Union Missouri

FATHER

13. NAME Chas. R. Stierberger

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

MOTHER

15. MAIDEN NAME Elizabeth Lindner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Missouri

17. INFORMANT Mrs. E. A. Stierberger (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Cemetery DATE Feb. 22, 1935

19. UNDERTAKER Union Furn. Co. (ADDRESS) Union, Mo.

20. FILED 3/5, 1935 J. R. Marshall M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935, to Feb 20, 1935

I last saw he alive on Feb 20, 1935. Death is said to have occurred on the date stated above, at 2:40 P.M.

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

	Date of onset
Angina Pectoris	June 23 1932
940	

Other contributory causes of importance:

Acute Pulmonary edema

Name of operation No 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? No

If so, specify

(Signed) J. R. Marshall, M. D.

(Address) Union, 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.

MAY 2 6 1949