

APR 9 1935

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

Do not use this space.

7580

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. **791**
1003
Primary Registration District No. 5173
(No. 5173, Wernon Ave.)

File No.
Registered No. 2057
St. Ward)

2. FULL NAME

Julius E. Donnerberg
(a) Residence, No. 5173 Wernon Ave. St. 5 Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Egg & Coultry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm. Merchant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Fredrich Donnerberg

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

15. MAIDEN NAME Maria Empenyer

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

17. INFORMANT Miss Adelia Donnerberg
(ADDRESS) 5173 Wernon Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE March 4, 1935

19. UNDERTAKER Harry J. Gaskemeyer
(ADDRESS) 5195 Wernon Ave.

20. FILED MAR - 1 1935
J. E. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Feb 28, 1935

I last saw him alive on Feb 28, 1935 Death is said

to have occurred on the date stated above, at 10:15 a.m.

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

Posterior Hemorrhage
Uremia

Date of onset

Jan 15, 1935Jan 15, 1935

Other contributory causes of importance:

Hypertrophied Prostate
Arterial sclerosis
Ch. Nephritis

4 years

?

?

Name of operation no Date ofWhat test confirmed diagnosis? physical & histology 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 no, 19

Where did injury occur? nil
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Henry P. Wagner, M. D.(Address) 514 Metrojolden Bldg.

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.

Henry V. ...
6945 Lawton