

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *4491*)

File No. **18387**

Registered No. **4741**

2. FULL NAME

Adolph Duenig

(a) Residence, No. *2217 St. Louis* Ward. *26*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/26 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Lousina Duenig*

22. I HEREBY CERTIFY, That I attended deceased from *4/19* 19*35* to *5/26* 19*35*. I last saw *him* alive on *5/26* 19*35*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23 - 1868*

to have occurred on the date stated above, at *10:00 am*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or yrs. min. *67 - 5 13*

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

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

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

Carcinoma of Prostate
5!

Other contributory causes of importance:
Secondary Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

13. NAME *Adolph Duenig*

Name of operation..... Date of.....
What test confirmed diagnosis? *Prospecy* Was there an autopsy? *no*

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

15. MAIDEN NAME *M. Duenig?*

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)

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

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

17. INFORMANT (ADDRESS) *Wesley J. Taylor, 1017 St. Louis*

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *George Meyer* DATE *May 29 1935*

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. UNDERTAKER (ADDRESS) *Wey Leiden & Co, 1417 N. Main St*

(Signed) *H. G. Brown*, M. D.

20. FILED *J. H. Bredeck*

(Address) *City, St. Louis*

MAY 28 1935

Registrar.

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.

PLAN 2-7