

FEB 18 1936

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

Do not use this space.

484

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 129Township ShurleePrimary Registration District No. 5180

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Miss Starginger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17th, 18637. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 10 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm10. Date deceased last worked at this occupation (month and year) August 1935 11. Total time (years) spent in this occupation 5112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Wells Mo13. NAME Isotlieb Starginger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Theresia Brandt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT (ADDRESS) Charles Schimpert18. BURIAL, CREMATION, OR REMOVAL PLACE Shawneer Mo DATE 1-12-3619. UNDERTAKER (ADDRESS) Fred Kambert20. FILED Jan 10, 1936 G. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10th, 193622. I HEREBY CERTIFY, That I attended deceased from September 16th, 1935, to January 10th, 1936I last saw him alive on January 6th, 1936. Death is said to have occurred on the date stated above, at 4:50 A.M.

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

Atherosclerosis, Generalized Date of onset 3 yearsHemiplegia, ✓ 4 years

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Physiometry 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) Theodore Fischer, M. D.(Address) Altaverg, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1941-1942

[The main body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized in a structured format, possibly a ledger or a list, but the individual entries cannot be discerned.]

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Laurie Primary Registration District No. 5180
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, the or min.
72 10 24

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 3-10-1936 F. J. Schoen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

Last seen alive on....., 19..... Death is said

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

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

Arterio-sclerosis, Essential Date of onset
hemiplegia
Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation..... Date of.....

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?..... 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) Thaddeus Fischer, M. D.

(Address) Attenburg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SUPPLEMENTAL

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