

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. 891
 Primary Registration District No. 1008
 (No. 2349 - 11th St)

File No. 24221
 Registered No. 5830
 St. Ward

2. FULL NAME

(a) Residence, No. 2349 11th St., 23 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 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 Anna Ehrnreich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 50 10 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.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) Germany

MOTHER
 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna Ehrnreich 2349 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE June 5 1936

19. UNDERTAKER (ADDRESS) Wacker & Edelgerl 2331 Broadway

20. FILED JUN 4 1936 J. T. Budeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1936

22. I HEREBY CERTIFY That I attended deceased from 3-23 1936, to 5-28 1936

I last saw him alive on 5-28 1936 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Aortic aneurysm Jan 36

Other contributory causes of importance: Syphilis Unknown

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? No
 If so, specify

(Signed) W. R. Gunn, M. D.
 (Address) 2227 S. Broadway

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.

