

SEP 29 1936

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

Do not use this space.

32220

1. PLACE OF DEATH
 County ST LOUIS Registration District No. 786
 Township CARINDELET Primary Registration District No. 6248
 City SAPPINGTON (No. SAPPINGTON RT SAPP, MO St. _____ Ward)

File No. _____
 Registered No. 108

2. FULL NAME JOSEPH STANJEIENER
 (a) Residence, No. RR # 6 WEBSTER GR. 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 31, 1852

7. AGE YEARS 83 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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. _____
 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

MOTHER FATHER 13. NAME DONT KNOW

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

MOTHER 15. MAIDEN NAME DONT KNOW

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

17. INFORMANT MARIE FRANCIS (ADDRESS) RR # 6 WEBSTER GROVES SAPP, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE St Lucas Cem DATE 8-24-36

19. UNDERTAKER Louis H Bopp (ADDRESS) Kirkwood mo.

20. FILED 8-27-1936 Bridget Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21/1936 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5PM m.

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

Generalized arteriosclerosis, Chr. myocarditis, Chr. coronary sclerosis, extreme senility, age 83

Other contributory causes of importance: Heat prostration. Acute myocardial dilatation.

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: Coroner's view No. _____

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 _____ (Signature) S. J. Timmer 8/21/36, M. D.

(Address) 3718 Greenwood Rd

V. P. E. 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.

P-1 X724

