

SEP 15 1936

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

Do not use this space.

33082

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Dae**, **Paul** Hospital) Registered No. **8982**
St. Ward)

2. FULL NAME **Joseph Peissensteiner**

(a) Residence, No. **3951 A, N, 20 th** St., **26** 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agness Peisensteiner		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 30 Th 1884		
7. AGE YEARS 52	MONTHS 6	DAYS 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailer		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

MOTHER FATHER 13. NAME **Mathias Peissensteiner**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

15. MAIDEN NAME **Matilda Weinrich**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungary**

17. INFORMANT (ADDRESS) **Agness Peisensteiner 3951 A N 20 Th Str**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery Aug 29 th 1936**

19. UNDERTAKER (ADDRESS) **Edward Koch 3516 y 14 th St**

20. FILED **Aug 29 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 28 1936**

22. I HEREBY CERTIFY, That I attended deceased from **August 27th 1936**, to **August 28th 1936**
I last saw **him** alive on **August 28, 1936**. Death is said to have occurred on the date stated above, at **3:00 PM**
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
121
Post Operative Hemorrhage

Other contributory causes of importance:

Name of operation **Appendectomy** Date of **Aug 27th 36**
What test confirmed diagnosis? **Operation** 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) **A. J. Gettinger**, M. D.
(Address) **2745 W Grand St**

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.

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