

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.

DEC 18 1936

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

Do not use this space.

40586

1. PLACE OF DEATH

County Cape Girardeau
Township W. 11
City 102130 W. 11th St. Cape Girardeau (No. 1105, So Ellis St)

Registration District No. 124
Primary Registration District No. 3009

File No. _____
Registered No. 389
St. _____ Ward _____

2. FULL NAME

Noe F. Chostner

(a) Residence, No. 1620 Palomfield 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. A.
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) Scopus Mo.

FATHER 13. NAME Mr. F. Chostner

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

MOTHER 15. MAIDEN NAME Lavinia Hopkins

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

17. INFORMANT (ADDRESS) Mr. N. Chostner
Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 17 1936

19. UNDERTAKER (ADDRESS) Walthus Und. Co.
Cape Girardeau Mo.

20. FILED 11-13-36 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/10 1936, to 11/13 1936. I last saw h. alive on 11/13 1936. Death is said to have occurred on the date stated above, at 2 P. m.

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

Angina Pectoris. Date of onset 11/10/34

Other contributory causes of importance: acute

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 1936
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) O. Lebaugh, M. D.
(Address) Cape Girardeau

