SEP 10 1937

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

Do not use this space.

29079

1. PLACE OF DEATH

County 2 Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis Co. Mo. (No. 3015 Fern Ave. ~~Maplewood Mo.~~ St. Ward)

File No.

Registered No. 7712

2. FULL NAME Frank Anton Hunsdorfer.

(a) Residence, No. 3015 Fern Ave. St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6th, 1872.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	8	8	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

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 Adam Hunsdorfer,

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

MOTHER

15. MAIDEN NAME Helen Pfeifer

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

17. INFORMANT Sarah Hunsdorfer.
(ADDRESS) 3015 Fern Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE August 17th 1937

19. UNDERTAKER Siegenheim Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED AUG 16 1937 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/14, 1937, to 8/14, 1937

I last saw h. alive on 8/14, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Hodgkins disease

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) Dr. Theo. F. Ruel, M. D.

(Address) 7465 Hazel Ave.

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.