

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

Do not use this space.

28800

1. PLACE OF DEATH

County Central Registration District No. 189
 Township Central Primary Registration District No. 6933B
 City Stone Lawn (No. 6825 Natural Bridge Rd) St. _____ Ward)

File No. _____

Registered No. 263

2. FULL NAME

Elizabeth Stolzenberg
 (a) Residence. No. Mother of Bob Busch Home 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 4 1844</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Germany</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 25 1929 to Aug 28 1929
 that I last saw h. _____ alive on Aug 27 1929 and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Int Nephritis?
Arterio Sclerosis?
Senile Dementia?
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY General Anasarca
 (SECONDARY) Uremia (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 AT PLACE OF BIRTH
 NOT AT PLACE OF BIRTH
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Luke B. Bernon, M. D.

8/28 1929 (Address) 3718 Jennings Rd
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

PARENTS	10. NAME OF FATHER <u>Not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Mrs. W. N. Semander
 (Address) 437 Lawler Rd. N. Medford, Mo.

15. FILED 8/29 1929 Opella Bray, M.D. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Friedens</u>	DATE OF BURIAL <u>Aug 30 1929</u>
20. UNDERTAKER <u>Math. Hermann's Son</u>	ADDRESS <u>261 E Fairview</u>

WRITE 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.

SEALED
 1929

