

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

Do not use this space.

42118

**1. PLACE OF DEATH**

County St. Louis County, Mo Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248 B  
City St. I (No. Yeager Rd.)

File No. \_\_\_\_\_  
Registered No. 447 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John W. Dannenberg, Sr.  
(a) Residence, No. Yeager Rd. St. \_\_\_\_\_ Ward St. Louis County, Mo  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 69

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Luxemburg Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George Dannenberg Yeager Road

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Johns DATE 12-14-31 11

19. UNDERTAKER (ADDRESS) Southern Hud Co 6320 So Grand Ave St. Louis

20. FILED Dec 14 1931 L. C. Obros Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1929 to Dec 11 1931  
I last saw him alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Interstitial Nephritis.  
Chronic Bronchitis.  
Date of onset \_\_\_\_\_

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) Sandymel, M. D.  
\_\_\_\_\_ (Address) Jefferson R. S. 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.

WHITE PLAINLY. THIS IS A PERMANENT RECORD

2-2-1932

