

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 100087
 City St. Louis (No. Alexan Brov. Hosp. St. 7315 Ward)

2. FULL NAME

(a) Residence, No. Louis Priester Priester St. 24 Ward. Antonia 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 MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1932

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

22. HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Aug 7, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 - 1853

I last saw him alive on Aug 7, 1932 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 1 16

to have occurred on the date stated above, at 11 p.m.

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

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

Chronic myocarditis
 Chronic nephritis

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

13/25 13/1

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
 Arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marietta mo

Date of onset unknown

13. NAME John Priester

13/25 13/1

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

Name of operation none Date of no

15. MAIDEN NAME Unk

What test confirmed diagnosis? cause Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury

17. INFORMANT (ADDRESS) E. Heiligtag

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Antonia mo DATE 8-#9-32

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) E. Heiligtag

Manner of injury

20. FILED Aug - 9 - 1932 Registrar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Nathaniel Der, M. D.

(Address) 2711 Heaven

St Louis, Mo.

