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

Do not use this space.

25614

**1. PLACE OF DEATH**

County ..... Registration District No. ..... 1 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7211

City St. Louis, Mo. (No. 2822a Victor St. St. ..... Ward)

**2. FULL NAME** August Mende

(a) Residence. No. 2822a Victor St., 23 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 | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23 1857.

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 8 | 15 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Slate Roofer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Louis Nicum
(Address) 2822a Victor St.

15. FILED AUG -9 1927, 19..... Mark C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 8 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from 7/8, 1927, to 8/8, 1927 that I last saw him alive on 8/8/27, 19....., and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of oesophagus
46 A (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Asthenia (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? - - -
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF - -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

8/9 (Signed) P Brickbauer M.D
, 1927. (Address) 3147 S. Jefferson Av.

*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.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| New St. Marcus Cem. | Aug 11 - 1927. |
| **20. UNDERTAKER** | **ADDRESS** |
| Ziegenheim Bros. 2623 | Cherokee |

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.