

77 FEB 23 1928

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

Do not use this space.
2272

1. PLACE OF DEATH

County St Charles Co Registration District No. 759
Township Callaway Primary Registration District No. 6000
City Forest Hill (No.) St. Ward)

File No.
Registered No. 2

2. FULL NAME

Charles Gatterman
(a) Residence No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF of Mary Gatterman (nee Schulz) deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 5 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82. 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer & miller
(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) St Charles County Mo

10. NAME OF FATHER Ernst Gatterman

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

12. MAIDEN NAME OF MOTHER Emilie Rott

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

14. INFORMANT Louis Gatterman
(Address) High City

15. FILED 1-21-1928 19..... Ol. Miller REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18 1928

17. I HEREBY CERTIFY. That I attended deceased from Sept 23 1927 to Jan 19 1928, 1928, that I last saw him alive on Jan 11 1928, and that death occurred, on the date stated above, at Forest Hill Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
93A 1190
11020 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) Old age gastritis & flatulencia
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF No Operation

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS: Physical diagnosis
(Signed) Benjamin Brandt, M. D.
1-20 1928 (Address) Forest Hill Mo.

*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
High City Cemetery 2/1st 1928

20. UNDERTAKER ADDRESS
C. T. Hubery High City Mo

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.

