FEB 24 1928

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

Do not use this space.
3624

1. PLACE OF DEATH
County: Saline
Township: Grambling
City: (No. ..., ... St. ... Ward)
Registration District No. 794
Primary Registration District No. 6037
File No. —
Registered No. 6

2. FULL NAME: August Carl Peuster

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: D. K.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 2 - 1845

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	24	

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

9. BIRTHPLACE (CITY OR TOWN): Germany
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER: — D. K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): — D. K.
(STATE OR COUNTRY): D. K.
12. MAIDEN NAME OF MOTHER: — D. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): — D. K.
(STATE OR COUNTRY): — D. K.

14. INFORMANT: Louis Peuster
(Address): Slater Mo

15. FILED 1-28 1928 J. H. Dunston, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1928, to Jan 26, 1928, that I last saw him alive on Jan 26, 1928, and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lumbago Pneum.
Pneumonia
1928
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Mitral Insufficiency
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Dunston, M. D.
1-28, 1928 (Address) Gilliam 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: St Paul Lutheran Cemetery
DATE OF BURIAL: 1-29 1928
20. UNDERTAKER: Hill Bros
ADDRESS: Slater 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.