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

Do not use this space. 21620

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 3036 — Registered No. 95
City St Charles (No. 1003, N. 4th St. 4 Ward)

2. FULL NAME Theodore Briegel
(a) Residence. No. 1003 N. 4th St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 — 1875

7. AGE: 53 Years, 2 Months, 11 Days. If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) St Clinton
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT Hilda Briegel
(Address) St Charles Mo

15. FILED 6/23, 1928 Hy. G. Blochaum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1928, to June 22, 1928 that I last saw him alive on June 22, 1928 and that death occurred, on the date stated above, at 5 55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage due to Esophageal varicies
124B
100B
103B
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver
(duration) 2+ 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? Signs & Symptoms
(Signed) A. Erich Schultz, M. D
June 23, 1928 (Address) St Charles 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: Oak Grove Cemetery — DATE OF BURIAL: June 24 — 1928

20. UNDERTAKER: Steinbrinker Furn. Co. — ADDRESS: St Charles Mo.

Dr E Schulze