

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

7734

1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. 1)

Registration District No. 757  
Primary Registration District No. 5998

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anne Marie Bertha Asmusen

(a) Residence. No. Emmans Asylum St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

May 25 - 1910

7. AGE

YEARS 18

MONTHS 8

DAYS 20

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Payette Idaho  
(STATE OR COUNTRY)

10. NAME OF FATHER

C. F. Asmusen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT  
(Address)

Emmans Asylum  
St. Charles Mo.

15.

FILED

7/21, 1929  
Th. J. Blochman  
REGISTRAR  
C. B.

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb. 20 - 1929

17.

HEREBY CERTIFY That I attended deceased from Jan. 1st, 1929 to Feb. 20th, 1929.  
that I last saw him alive on Feb. 20th, 1929, and that death occurred, on the date stated above, at 2:55 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Solar Pneumonia  
10.8  
Feb 10/29  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

Feeble-minded. Paralytic  
(duration) 18 yrs. 8 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Signs & symptoms  
(Signed) A. P. Erichsen, M. D.  
Feb. 20, 1929 (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

Payette Idaho Cemetery

DATE OF BURIAL

2/25 1929

20. UNDERTAKER

Steinbinder Fun. Co.

ADDRESS

St. Charles, Mo.

A. P. Erich Schulz. +