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

Do not use this space.

8123

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1001

Township: — Primary Registration District No.: 1002

City: St. Louis (No. Central Hospital St. Ward)

File No.:

Registered No.: 1775

2. FULL NAME Charles L. Anschutz

(a) Residence. No. 3437 a Iowa Ave St., 27 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. 7 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 31, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	6	

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

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

PARENTS

10. NAME OF FATHER Charles Anschutz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Augusta E. Laub

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Charles Anschutz
(Address) 3437 Iowa

15. FILED [illegible] 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 31, 1929, to Feb 6, 1929, that I last saw h. alive on Feb 5, 1929, and that death occurred, on the date stated above, at 5 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth 1 d
8 Months gestation 1 d
Hard (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Umbilical Hernia, ruptured
to mus (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Milton Hall, M. D
Feb 6, 1929 (Address) 1625 Frank Ave

*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
St Peters Cemetery	Feb 7 1929
20. UNDERTAKER	**ADDRESS**
Kriegshauser Und. Co	4228 S Kingshighway

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.