

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

Do not use this space.

31688

**1. PLACE OF DEATH**

County St Charles

Registration District No. 757

Township St Charles

Primary Registration District No. 3036

City St Charles

(No. St Josephs Hospital St.                      Ward                     )

**2. FULL NAME**

Caroline Abraham

(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**

Female

**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**

John Abraham

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

Jan. 27-1845

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

84

1

13

**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)**

(STATE OR COUNTRY)

Germany

**10. NAME OF FATHER**

Christian Schember

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

No history

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No history

**14.**

INFORMANT  
(Address)

Aug Halbernegge  
St Charles Mo

**15.**

FILED

9/12/29

J. G. Bloebaum  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Sep 10<sup>th</sup> 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw him alive on....., 19....., and that death occurred, on the date stated above, at....., 4 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

X 2 A Cerebral Hemorrhage  
97 due to  
Senile  
Sclerosis  
4 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

duration 10 yrs. + mos.

**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

(Signed) A. C. Schuler, M. D.

Sep 12 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**

**DATE OF BURIAL**

Ruthman Cemetery

Sep 12 1929

**20. UNDERTAKER**

**ADDRESS**

K. H. Meyer & Son

St Charles Mo

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.

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