

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

Do not use this space.

43267

1. PLACE OF DEATH

County Wasson
Township Chesette
City Butte (No.)

Registration District No. 884
Primary Registration District No. 6176

File No.
Registered No. 36
St. Ward)

2. FULL NAME

Charles Anton Rexroth

(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 22 yrs. 6 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Rexroth</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 23 1862</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>4</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butte
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis Rexroth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Amelia Mees

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Augusta Rexroth
(Address) Butte Mo

15. FILED Dec 4 19 29 G C Johnson
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1929, to Dec 3, 1929 that I last saw him alive on Dec 2, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
82 Ch. glomerular nephritis
97 arterio sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cerebral apoplexy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290
IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) Hubert H Schmidt, M. D.

. 19 (Address) Marthasville 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

Butte Mo Dec 5 1929

20. UNDERTAKER ADDRESS

Fred W. Lightsey Marthasville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

1937