MAR 28 1930

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

Do not use this space. 2403

1. PLACE OF DEATH
County St Charles — Registration District No. 760 — File No.
Township Dardenne — Primary Registration District No. 6001 — Registered No. 124
City St Peters (No. ..... St. ..... Ward)

2. FULL NAME Paul Bethmann
(a) Residence. No. ..... St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 Male ~~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) Jan 2 1930
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 4 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) None
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Peters ?
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Theodore Bethmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Peters
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Julia Kirchner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Peters
(STATE OR COUNTRY) Mo

14. INFORMANT Theodore Bethmann
(Address) St Peters Mo
15. FILED 2/13/30 19 30 Dr. J. M. Justins REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1930
17. I HEREBY CERTIFY, That I attended deceased from on Jan 2, 1930, to ....., 19.....
that I last saw him alive on Jan 2, 1930, and that death occurred, on the date stated above, at 8.20 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxia Neonatorum
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 162
(duration) ..... yrs. ..... mos. ..... 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) L. C. Stevens, M. D
, 19 (Address) O Fallon, 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 All Saints Cemt. — DATE OF BURIAL Jan 4 1930
20. UNDERTAKER Henry Wahlhausen — ADDRESS St Peters Mo

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.