

NOV 28 1930

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

Do not use this space.

37144

1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. 624)

Registration District No. 757  
Primary Registration District No. 3086

File No. \_\_\_\_\_  
Registered No. 184  
St. 1 Ward

2. FULL NAME

(a) Residence. No. 624 S. Main 1 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 8 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marthasville, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Christian Bogel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Staske

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

14. INFORMANT Edy Wille  
(Address) 7036 Linden Court University Mo.

15. FILED 11/0, 19 30 H. S. Hochberg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1930, to Nov 10 1930 that I last saw h. & w. alive on Nov. 9 1930, and that death occurred, on the date stated above, at 4:53 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bi-lateral Lobar Pneumonia

CONTRIBUTORY (SECONDARY) 101W  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No Knowledge

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
(Signed) [Signature] M. D.

Nov 10, 1930 (Address) 200 Clay St. 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 St. John's Cemetery DATE OF BURIAL 11/2 1930

20. UNDERTAKER, Steinbrinker Furn. Co. St. Charles, Mo. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

