

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

Do not use this space.

446

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125 File No. _____
 Township 11 Primary Registration District No. 3009 Registered No. 577
 City St. Louis (No. So East Mo Hospital St. _____ Ward)

2. FULL NAME M August Waldmann
 (a) Residence. No. 25 So Sprigg St 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 Male
 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 Mrs Frederica Waldmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-23-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 1 13

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Christian Waldman

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

12. MAIDEN NAME OF MOTHER Mary Buschwitz

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

14. INFORMANT Miss Elsie Waldmann
 (Address) 25 So Sprigg St

15. FILED 1/7 21 W.C. Kasper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-6 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to Jan 6, 1931, that I last saw him alive on Jan 6, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
100%
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY ventral hernia
 (SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 (AT PLACE OF DEATH) _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 5 1931
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic findings
 (Signed) E. B. Bell M. D.
1/6/1931 (Address) Cape Girardeau, 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 Lorain Cent DATE OF BURIAL Jan 8 1931

20. UNDERTAKER Haman's Funeral Home ADDRESS Cape Girardeau 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FD 10-1931

