

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

Do not use this space.

2618

1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. \_\_\_\_\_  
Township St. Charles Primary Registration District No. 3036 Registered No. 4  
City St. Charles (No. 440 N. Hedgehighway, St. Charles, Mo.) Ward 3

2. FULL NAME

(a) Residence, No. Matson, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1859</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Augusta, Mo</u>		
MOTHER	13. NAME <u>Wm. Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Marie Riske</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Eliza Meyer</u> (ADDRESS) <u>440 N. Hedgehighway City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Augusta, Mo.</u> DATE <u>Jan. 12, 1931</u>		
19. UNDERTAKER <u>Steinbinder Furn. Co</u> (ADDRESS) <u>St. Charles, Mo.</u>		
20. FILED <u>1/12</u> , 19 <u>31</u> <u>H. J. Blackman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1931

22. I HEREBY CERTIFY That I attended deceased from Dec 26, 1930, to Jan 9, 1931  
I last saw h. er alive on Jan 9, 1931. Death is said to have occurred on the date stated above, at 11 P. M.  
The principal cause of death and related causes of importance were as follows:  
Nephritis  
Arterio Sclerosis  
Date of onset Jan 9, 1931

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X  
If so, specify \_\_\_\_\_  
(Signed) J. P. Kerstine, M. D.  
(Address) St. Charles, 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.

1931

