

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

Do not use this space.

**26035**

**1. PLACE OF DEATH**

County St. Charles Registration District No. 76.e  
Township Deane Primary Registration District No. 600.1  
City St. Charles (No. ....) St. .... Ward)

File No. ....  
Registered No. 113

**2. FULL NAME** No name

(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 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5

**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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Charles Clausner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gene Halle  
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Marg. Roggeny

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles  
(STATE OR COUNTRY) MO

14. INFORMANT Charles Clausner  
(Address)

15. FILED 7-26-31 J. M. Goshorn MD  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 31

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1931 to July 25, 1931  
that I last saw her alive on July 25, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1603 Cerebral hemorrhage  
159 Primaries  
160 B (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) Primaries  
fatal about 7 mos. (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 20, 1931  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Signs & Symptoms  
(Signed) Dr. Erich Schurz, M. D.

July 25, 1931 (Address) St. Charles  
\*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 Court DATE OF BURIAL July 25 1931

20. UNDERTAKER Henry Halbach 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.

AUG 29 1931

100