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.

JAN 22 1938

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

Do not use this space.

PLACE OF DEATH
County St Charles
Township St Charles
City
Registration District No. 757
Primary Registration District No. 3036
File No. 41946
Registered No. 179
(No. , St. Ward)

2. FULL NAME Unknown Male

(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 Male
4. COLOR OR RACE 2
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No History

7. AGE YEARS No History MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No History
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

FATHER
13. NAME No History
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

MOTHER
15. MAIDEN NAME No History
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT (ADDRESS) Jos H Dallmeyer St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE Dec 11 1931

19. UNDERTAKER (ADDRESS) H C Dallmeyer & Sons Co 800 N. 2nd St St Charles Mo

20. FILED 1/11 1931 Hy. G. Blocbaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Dec~~ , 19

22. I HEREBY CERTIFY, That I attended deceased from Viewed , 19 , to , 19
I last saw him alive on Dec 11 , 1931. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Probably Drowning found in Mo. River 183

Date of onset

Other contributory causes of importance: 183

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? Confirmed (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. Belding Crowe, M.D.
(Address) St Charles Mo