

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

Do not use this space.

17199

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757  
 4 Township ..... Primary Registration District No. 3036  
 8 City St. Charles (No. St. Josephs Hospital) St. .... Ward)

File No. ....  
 Registered No. 84

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katharine Meyer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 1869</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>2</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>Farmer</u>			
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flint Hill Mo</u>			
	13. NAME <u>Anton Brothe</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
FATHER	15. MAIDEN NAME <u>Mary</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>A. Brothe</u> (ADDRESS) <u>St. Charles Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters Cemetery</u> DATE <u>May 15 1932</u>				
19. UNDERTAKER <u>H. D. ...</u> (ADDRESS) <u>700 N. 2nd St. St. Charles Mo</u>				
20. FILED <u>5/16 1932</u> <u>W. B. Bloebaum</u> Registrar.				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1932  
 22. I HEREBY CERTIFY, That I attended deceased from May 8 1932 to May 16 1932  
 I last saw him alive on May 15 1932 Death is said to have occurred on the date stated above, at 6:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Influenza  
11A  
107A  
110  
 Other contributory causes of importance:  
Pneumonia  
May 14/32

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no  
 23. If death was due to external cause (injury), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ..... 19...  
 Where did injury occur? no  
 (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? no  
 If so, specify .....  
 (Signed) A. Brothe, 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.