

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

Do not use this space.

20576

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
4 Township _____ Primary Registration District No. 3036
8 City St. Charles (No. 1316, P. 52)

File No. _____
Registered No. 95
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1316 P. 52 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 yrs. 10 mos. 15 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St. Charles Mo

FATHER 13. NAME Sylvester Park

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

MOTHER 15. MAIDEN NAME Stella Boschert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT Sylvester Park
(ADDRESS) 1516 P. 52 St. St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Blaise Church DATE June 15, 1932

19. UNDERTAKER H. Bloebaum & Son Co
(ADDRESS) 500 P. 2 St. St. Charles Mo

20. FILED 6/14, 1932 By H. Bloebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932

22. I HEREBY CERTIFY That I attended deceased from June 14, 1932, to June 14, 1932. I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity
151 / 159 (1)

Date of onset _____

Other contributory causes of importance: _____

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 _____, 1932

Where did injury occur? _____ (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) B. L. Newbeiser, 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.

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