

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

Do not use this space.

20585

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 5998
City _____ (No. County Rayburn) St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Cottleville Mo
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1874
7. AGE YEARS 57 MONTHS 11 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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) Cottleville Mo

13. NAME Adams Arras

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

15. MAIDEN NAME Elizabeth Hoffmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottleville Mo

17. INFORMANT Eugene Arras
(ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cottleville Mo DATE June 9 1935

19. UNDERTAKER H. D. Allmoner & Sons Co.
(ADDRESS) 900 N. 2nd St. St. Charles Mo

20. FILED 6/9 1935 H. J. Bloebauer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1935

22. I HEREBY CERTIFY That I attended deceased from June 1st to June 6th, 1935
I last saw him alive on June 5, 1935. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Episodic
Other contributory causes of importance: (D)

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemistry Was there an autopsy? no

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? _____
(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) R. P. ..., M. D.
(Address) St. Charles Mo

WRITE CLEARLY, 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.

JUN 27 1935

