

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.

OCT 28 1932

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

Do not use this space.

30164

1. PLACE OF DEATH

92 County St. Charles
4 Township St. Charles
8 City St. Charles (No. St. Joseph's Hospital)

Registration District No. 757
Primary Registration District No. 3036

File No. 137
Registered No. 137 Ward 1

2. FULL NAME

William Benjamin Achelpohl
(a) Residence, No. 409 Bangs Highway Ward. 1
(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) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Demming
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1871
7. AGE YEARS 61 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. Charles (STATE OR COUNTRY) Mo

13. NAME William Achelpohl

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 11

15. MAIDEN NAME Friedrich Achelpohl

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Harry Achelpohl (ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DePaul Taylor Farm DATE Sept 14 1932

19. UNDERTAKER H. Hallmeyer (ADDRESS) 100 N. 2nd St.

20. FILED 9/19 1932 W. J. Bloebaum Registrar.

4 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1932 to Sept 14 1932. I last saw him alive on Sept 14 1932. Death is said to have occurred on the date stated above, at 12:59 m. The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
94 B (Acute) Cardiac Failure
97
102
94-13
Other contributory causes of importance:
General Arteriosclerosis
Hypertension
Name of operation none Date of no
What test confirmed diagnosis? Physician 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? Yes If so, specify... (Signed) B. G. G. G. G., M. D. (Address) 200 N. 2nd St. St. Charles Mo

