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.

OCT 29 1932

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

Do not use this space.

30324

1. PLACE OF DEATH

96

County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 G — Registered No. 318

City (No. Rt 11 Box 95 Butler Hill Rd Jeff. Bks Mo St. Ward)

2. FULL NAME Chas. T. Dauernheim

(a) Residence, No. Butler Hill Rd St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1861

7. AGE: YEARS 71 — MONTHS 7 — DAYS 3 — 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. Himself
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) Germany 10

FATHER

13. NAME Christ Dauernheim
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louisa Dauernheim Rt 11 Box 95 Butler Hill Rd Jeff. Bks Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St Johns Cem. DATE Sept 25 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister N. & L. Co. 1414 So. Broadway

20. FILED Sept. 23 1932 L. C. Obrock M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Sept 22, 1932

I last saw him alive on Sept 22, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

	Date of onset
apoplexy (Cerebral Embolism)	9/15/32
82A	
82B	
97	

Other contributory causes of importance:

Arterio Sclerosis	1930

Name of operation (1) Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) Andrew Youngman, M. D.

(Address) Pappington Mo

1602 [illegible]