

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

Do not use this space.

41280

JAN 27 1932
92
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PLACE OF DEATH

County St. Charles Registration District No. 957
Township St. Charles Primary Registration District No. 3036
City St. Charles (No. 617 S. Main St. 1 Ward)

File No. _____
Registered No. 173
St. 1 Ward

2. FULL NAME

(a) Residence, No. 617 S. Main St. 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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 Mattie Stuermer
(OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 4, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co

10. Date deceased last worked at this occupation (month and year) about 2 years ago 11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platteville, Mo.

13. NAME Wm. Stuermer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover, Germany

15. MAIDEN NAME Mary Hager

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

17. INFORMANT Mrs. Mattie Stuermer
(ADDRESS) 617 S. Main, St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's Cemetery DATE Dec 21, 1932

19. UNDERTAKER Steinbrinkers
(ADDRESS) St. Charles, Mo.

20. FILED 12/20 1932 Hy. H. Bloebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5th 1932 to Dec 19th, 1932

I last saw him alive on Nov 19th, 1932 Death is said to have occurred on the date stated above, at 10 A.m.

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

Acute Endocarditis

Date of onset death
1892

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) B. C. Weather, 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.

