

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

Do not use this space.

14309

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No.)

Registration District No. 757
Primary Registration District No. 5999

File No.
Registered No. 65
St. Ward)

2. FULL NAME

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Not known</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2 2 1861</u>		
7. AGE	YEARS	MONTHS
<u>About 72</u>	<u>-</u>	<u>-</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Laborer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	15. MAIDEN NAME <u>Not known</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
	17. INFORMANT <u>Fred Lemke</u> (ADDRESS) <u>BB #4 St. Charles Mo</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Oak Grove Cem.</u> DATE <u>April 6</u> 19 <u>33</u>		
19. UNDERTAKER <u>H. J. Dalmeyer & Sons</u> (ADDRESS) <u>800 2d St. St. Charles Mo</u>		
20. FILED <u>4/5</u> 19 <u>33</u> <u>Hy. E. Blackburn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Viewed Remains 1933
I last saw him alive on Death is said to have occurred on the date stated above, at 9 P. m.

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

(Coroners verdict)
Other contributory causes of importance:
Valvular disease of heart
(Coroners verdict)

Name of operation none Date of
What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none

(Signed) Will J. Freeman, M. D.
(Address) St. Charles Mo
Coroner of St. Charles Co 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.

MAY 24 1933

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