

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.

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

Do not use this space.

15027

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **2007**

City **St. Louis** (No. **Central Hospital**)

File No.

Registered No. **3553**

St. Ward

2. FULL NAME

(a) Residence, No. **6069 Harnsey** (Usual place of abode)

Martin Taschler
6069 Harnsey 7 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
5A. F MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna Taschler (Bulbecker)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 30, 1888</i>		
7. AGE	YEARS <i>44</i>	MONTHS <i>5</i>
	DAYS <i>18</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Firmen's Helper</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Brown Shoe Co.</i>	
	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) <i>Germany</i>		
FATHER	13. NAME <i>Stephen Taschler</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Anna Taschler 6069 Harnsey Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Cemetery</i> DATE <i>Apr. 21, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Math. Hermann & Son 1161 B. St.</i>		
20. FILED <i>Apr 1, 1933</i> <i>May C. Tarber</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 18, 1933*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at *12:45* p.m.

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

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Shock + Burn (2d + 3d degree)
received when he crawled
into the combustion chamber
in the boiler room, while
Other contributory causes of importance:
attempting to moisten ashes,
at Brown Shoe Co., St. Louis, Mo.
Accident

Name of operation..... 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? *Accident* Date of injury *4/15, 1933*

Where did injury occur *St. Louis, Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *In Industry*

Nature of injury *Crawled into combustion chamber (boiler)*

2d + 3d degree burn

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify.....

(Signed) *John P. Rooney* M.D.

(Address) *1114 1/2 St. Louis*

4/19/33

