

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

Do not use this space
34219

1. PLACE OF DEATH

County *St. Charles*
Township *Barone*
City *St. Peters Mo* (No.)

Registration District No. *760*
Primary Registration District No. *6001*

File No.
Registered No. *53*
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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Miss*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 14 - 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1

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) *Aug - 1933* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME *Stevens Thies*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wurtemberg Germany*

15. MAIDEN NAME *Billmeyer*

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

17. INFORMANT *Lee Skies* (ADDRESS) *St. Peters Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *Oct 19 1933*

19. UNDERTAKER *Hy Wapman* (ADDRESS) *St. Peters Mo*

20. FILED *10/20 1933* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 15 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 18 1933* to *Oct 15 1933*
I last saw *him* alive on *Oct 15 1933* Death is said to have occurred on the date stated above, at *9:01* m.

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

Carcinoma of sigmoid Date of onset *1933*
46

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? 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) *J. J. Skies*, 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.

NOV 10 1933

