

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

Do not use this space.

FEB 27 1934

1. PLACE OF DEATH

County St. Charles Registration District No. 756 File No. 2234
 Township Pattonsides Primary Registration District No. 5997 Registered No. _____
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Charles Samuelmann

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnis Fetsch Samuelmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 2 13

8. Trade, profession, or particular kind of work done, as splaner, 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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Ben Samuelmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Francis Hurns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Etta Samuelmann (ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Burial Home DATE July 16 1934

19. UNDERTAKER W. H. Callahan (ADDRESS) 700 North Second St

20. FILED Jan 14 1934 Dr. C. A. Barnard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY That I attended deceased from Head Inquest Jan 13 1934
 That saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Suffocation due to falling in mud face down accidentally Date of onset Jan 12 1934
 Other contributory causes of importance: Exposure (Jan 12 1934)

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? Accident Date of injury Jan 12 1934
 Where did injury occur? Near Orchard Farm, St. Charles Co. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury Result of a fall
 Nature of injury Suffocation by mud

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Will L. Freeman, M. D.
 (Address) St. Charles Mo.

Coroner of St Charles Co Mo

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.

