

MAR 24 1934

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

Do not use this space.

7577

1. PLACE OF DEATH

County Warren Registration District No. 884  
Township Charette Primary Registration District No. 61716  
City DuPon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Augusta Rexroth

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 69 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Rexroth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 21, 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>		<u>0</u>	<u>6</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 14, 1933</u>		11. Total time (years) spent in this occupation <u>40 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN). <u>DuPon, Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Frank Dieckhaus</u>			
	14. BIRTHPLACE (CITY OR TOWN). <u>DuPon, Mo.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Mathilda Dieckhaus</u>			
	16. BIRTHPLACE (CITY OR TOWN). <u>DuPon, Mo.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Walter J. Belkeding</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DuPon Mo</u> DATE <u>Mar 1</u> , 19 <u>34</u>				
19. UNDERTAKER <u>Adeline Lichtenberg</u> (ADDRESS) <u>Marshallville Mo</u>				
20. FILED <u>Feb 28</u> , 19 <u>34</u> <u>M. E. Johnson</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1934  
22. I HEREBY CERTIFY That I attended deceased from Nov 28, 1933, to Feb 27, 1934  
I last saw h. W alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gallbladder  
Metastatic Carcinoma Liver and Stomach  
Other contributory causes of importance: None  
Name of operation Exploratory Date of Dec 1933  
What test confirmed diagnosis? Chemical 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) Harvey H. Schmidt, M. D.  
(Address) Marshallville 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.

