

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

Do not use this space.

APR 25 1934

10161

**1. PLACE OF DEATH**

County St Charles Registration District No. 757 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3036 Registered No. 47  
 City St Charles (No. St. Josephs Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

August Whines  
 (a) Residence, No. 2120 North 5<sup>th</sup> 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>7</u>	<u>22</u>	

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St Pelus (STATE OR COUNTRY) Mo

13. NAME Richs Whines

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Caroline Amberg

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Edwin Hartmann (ADDRESS) 10 Fallers, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St Pelus Cem. DATE March 26 1934

19. UNDERTAKER H. D. Alleyne & Son (ADDRESS) 800 N. Second St. St. Charles, Mo.

20. FILED 3/26 1934 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1933, to March 23, 1934  
 I last saw him alive on March 22, 1934. Death is said to have occurred on the date stated above, at 1:59 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy  
Essential hypertension  
 Date of onset 3/22/34  
 5 yrs ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? no  
 If so, specify \_\_\_\_\_

(Signed) B. L. Neuberger, M. D.  
 (Address) St. Charles, 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.

WRITE PLAINLY, WITH CAPITALS, WITH OR WITHOUT THIS IS A TEMPORARY RECORD

