

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.

In H. H. H. H. H.

21625

File No. ....

Registered No. 96

St. .... Ward)

## 1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township St. CharlesPrimary Registration District No. 3036City St. Charles (No. 312 St. St.)

## 2. FULL NAME

(a) Residence, No. 312 St. St. St.

(Usual place of abode)

St. .... Ward.

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

John A. August

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 31 - 1858

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

76121

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

## 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)

Springfield, Mo.

## 13. NAME

George Spath

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 15. MAIDEN NAME

Augusta Spath

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

## 17. INFORMANT (ADDRESS)

Chas. Mo. 312 St. St.

## 18. BURIAL, CREMATION, OR REMOVAL

At home

## PLACE

## DATE

June 27, 1934

## 19. UNDERTAKER (ADDRESS)

St. Charles, Mo.

## 20. FILED

6/25St. Charles, Mo. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 24, 1934

## 22. I HEREBY CERTIFY That I attended deceased from

June 24, 1934, to June 24, 1934I last saw him alive on June 24, 1934 Death is saidto have occurred on the date stated above, at 5:58 a.m.

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

Apoplexy

Other contributory causes of importance:

Arterio Sclerosis

Date of onset

June 24, 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

## 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. P. Hardin

M. D.

(Address)

St. Charles, Mo.

