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.

22138

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5909

City St Louis (No. City Infirmary St. ..... Ward)

2. FULL NAME Tony Daudt

(a) Residence, No. City Infirmary St., 13 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Daudt (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/7/1856

7. AGE: YEARS 77 MONTHS 10 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
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) Germany

FATHER
13. NAME John Daudt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) J. Jordan 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Pete Calvary DATE June 15, 1934

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 7847 Meramec Dr

20. FILED 1 15 19 J. F. Bredeck Registrar.

2, MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1934, to 6/9/, 1934

I last saw him alive on 6/9, 1934. Death is said to have occurred on the date stated above, at 12:15 P.m.

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

Chronic Myocarditis — Date of onset
93C
92A
93C

Other contributory causes of importance: Apoplexy

Name of operation None 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? No 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) John Eschenbrenner, M. D.
(Address) 5800 Arsenal