

SEP 25 1934

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

Do not use this space.

31545

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township St. Ann Primary Registration District No. 1248 65
City Jefferson Mo. (No. 9 Union St. Jefferson Mo.) St. _____ Ward _____

File No. _____
Registered No. 320
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Union St. Jefferson Mo. 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. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 2 4

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) (STATE OR COUNTRY) Germany

13. NAME John Doelger

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

15. MAIDEN NAME Otilia Dablbeiner

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

17. INFORMANT Mrs. Rosa Doelger (ADDRESS) Union St. Jefferson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Aug 31, 1934

19. UNDERTAKER Oscar J. Hollmeier (ADDRESS) 4016 Chippewa St.

20. FILED Aug 30, 1934 W. H. Tate, M.D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1934 to Aug 23, 1934
I last saw him alive on Aug 23, 1934 Death is said to have occurred on the date stated above, at 5 a.m.

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

Acute dilatation of heart
930
450
ABO

Other contributory causes of importance:
Chronic myocarditis with Hg hypertrophy

Name of operation _____ Date of _____
What test confirmed diagnosis? clin. 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) A. W. Peters M. D.
(Address) 4145 N. 57th

WHITE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

