

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

Do not use this space.

33898

OCT 1 2 1934

1. PLACE OF DEATH

County St. Charles
Township Springer
City Cottleville (No.)

Registration District No. 760
Primary Registration District No. 6001

File No. 4
Registered No. 53 Ward

2. FULL NAME

Charles Magerkurth

(a) Residence No. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Meriburg
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Fredrick Magerkurth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Heine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Don't know

14. INFORMANT Elizabeth Magerkurth
(Address) Cottleville Mo

15. FILED 10/2/34 W.C. Caldwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1934

17. I HEREBY CERTIFY, That I attested observed examined the body of the deceased on the date of Sept 30 1934 at the place of death at 3:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural Causes, probably
some kidney disease
The coroner viewed the remains
13:30 (duration) 74 yrs. 3 mos. 6 ds.
CONTRIBUTORY (SECONDARY) none except probably
arteriosclerosis (duration) 97 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF None

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Inquest

(Signed) Will L. Fleussman, M.D.
Coroner
Oct 1 1934 (Address) Richards Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Weldon Spring Mo

10-2 1934

20. UNDERTAKER

ADDRESS

Peritman

Wentzville 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.

