

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

Do not use this space.

**JAN 2 1 1935**

**44157**

1. PLACE OF DEATH - 568 Madison St.

County St. Charles  
Township St. Charles  
City St. Charles (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 757  
Primary Registration District No. 3036

File No. \_\_\_\_\_  
Registered No. 277

2. FULL NAME Carolina S. Echelmeier

(a) Residence, No. 568 Madison St. St. 2 Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 1 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 Wm. H. Echelmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
68 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. X  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) St. Charles,  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME J. G. Schubert

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

MOTHER 15. MAIDEN NAME Caroline Purfuerst

16. BIRTHPLACE (CITY OR TOWN) Do Not Know  
(STATE OR COUNTRY)

17. INFORMANT Wm H. Echelmeier  
(ADDRESS) St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Dec. 20, 1934

19. UNDERTAKER Steinbrinker Furniture Co.  
(ADDRESS) 305 North Main

20. FILED 17/20 1934 Clarence P. Heuler  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1934, to Dec 17 1934

I last saw him alive on Dec 17 1934. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Influenza  
118  
1934

Other contributory causes of importance:  
Septic Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood 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 \_\_\_\_\_, 1934

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) T. P. Hendrix, 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.

