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.

MAR 1 1935

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

Do not use this space.

2616

1. PLACE OF DEATH

County: St Charles — Registration District No.: 760 — File No.: 2

Township: Cardenas — Primary Registration District No.: 6001 — Registered No.: 3

City: ~~St Peters~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Albert Wahrhausen

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 4 - 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	11	6	

OCCUPATION

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

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): St Peters Mo.

FATHER

13. NAME: Henry Wahrhausen

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

MOTHER

15. MAIDEN NAME: Lena Dangebrink.

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

17. INFORMANT (ADDRESS): Elsie Wahrhausen St Peters Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: All Saints Cem. DATE: Jany 14, 1935

19. UNDERTAKER (ADDRESS): H L Dallmeyer & Sons Co 800 W. 2nd St

20. FILED: 1/14, 1935 W C Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935 to Jan 10, 1935

I last saw him alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

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

	Date of onset
Influenza of Pneumonia	1-8-35

Other contributory causes of importance: 11a

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

What test confirmed diagnosis? ..... 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) [signature], M. D.

(Address) St Charles Mo.