

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

Do not use this space.

APR 26 1935

10315

1. PLACE OF DEATH
 County Wentzville Registration District No. 760 File No. 2
 Township Wentzville Primary Registration District No. 14455 Registered No. 17
 City Wentzville (No.) St. Ward

2. FULL NAME Ronald Dickherber
 (a) Residence. No. Wentzville 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. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) March 14 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1935

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Mar 4 1935 that I last saw him alive on Mar 3 1935, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Following Defunct Labor Probably injury by forceps during delivery

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Wentzville (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Edwin Dickherber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wentzville (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Willie King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wentzville (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H.A. Clarenbach M. D.
3/4, 1935 (Address) Wright City Mo

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

14. INFORMANT Edwin Dickherber (Address) Wentzville Mo

15. FILED 3/4, 1935 H.A. Caldwell REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wentzville, Mo. DATE OF BURIAL 3-5 1935

20. UNDERTAKER H.A. Clarenbach ADDRESS 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.

