

WRITE PLAINLY, 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.

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

Do not use this space.

AUG 22 1935

24174

**1. PLACE OF DEATH**

County..... Registration District No. 757  
 Townshp..... Primary Registration District No. 3036  
 City St. Charles (No. ....) St. .... Ward)

**2. FULL NAME** Peter Doeffler

(a) Residence, No. 1426 N 2nd St. Charles Mo. 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 Mrs. Margareth Doeffler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1871

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, ..... hrs. or ..... min.
	<u>64</u>	<u>3</u>	<u>19</u>	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wheat Mill

10. Date deceased last worked at this occupation (month and year)..... 5 yrs ago

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephville mo.

FATHER

13. NAME Casper Doeffler

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

MOTHER

15. MAIDEN NAME Francis Wessel

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

17. INFORMANT (ADDRESS) Mrs Peter Doeffler St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Burial DATE July 30th 1935

19. UNDERTAKER (ADDRESS) J. C. Dallmeyer & Sons Inc 800 N 2nd St Charles Mo

20. FILED 730 1935 Clarence S. Wessler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1935 to July 28 1935  
 I last saw him alive on July 25 1935 Death is said to have occurred on the date stated above, at 1:25 P m.

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

Date of onset

Arteriosclerosis of coronary arteries

Other contributory causes of importance

Arteriosclerosis of arteries

Name of operation None Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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? No  
 If so, specify.....  
 (Signed) J. C. Dallmeyer, M. D.  
 (Address) St Charles Mo

