

FEB 24 1931

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

Do not use this space.

2682

1. PLACE OF DEATH

County St Charles Registration District No. 157  
Township \_\_\_\_\_ Primary Registration District No. 3036  
City St Charles (No. 1913, North Second) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 13

2. FULL NAME Frederick Henry Crtlepp

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Linnemann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7<sup>th</sup> 1854</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>5</u>
	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.

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.

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) Germany

13. NAME Frederick Crtlepp

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

15. MAIDEN NAME Mary Cunt

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

17. INFORMANT George Crtlepp  
(ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St Johns Cem. St Charles DATE Jan 30<sup>th</sup> 1931

19. UNDERTAKER Dr. H. Dallmeyer & Sons Co.  
(ADDRESS) 500 N 2<sup>nd</sup> St Charles Mo

20. FILED 100 1931 Clarence H. Wessler  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1931 to 1/27 1931  
I last saw him alive on 1/27 1931 Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Essential Hypertension & Coronary Disease  
Emphysema & Chronic Bronchitis

Other contributory causes of importance:  
Blow to forehead

Date of onset
<u>2</u>
<u>3</u>
<u>7d.</u>

Name of operation No Date of no  
What test confirmed diagnosis? No 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? No  
If so, specify \_\_\_\_\_  
(Signed) R. H. Wessler M. D.  
(Address) 206 Washington St Charles Mo

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.

