

JUL 27 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23998

1. PLACE OF DEATH

County

St. Charles

Registration District No.

757

File No.

Township

St. Charles

Primary Registration District No.

3036

Registered No.

116

City

St. Charles

(No.

St.

Ward)

2. FULL NAME

Kerner Aepli

(a) Residence, No.

515 Jefferson

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 15 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

Emma Buchterich

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

Oct 9th 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

66

8

18

OCCUPATION

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

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)

Mar. 1935

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Highland, Ill

MOTHER, FATHER

13. NAME

Kerner Aepli

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

15. MAIDEN NAME

Anna Blume

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

17. INFORMANT

(ADDRESS)

Tiffon Aepli

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grand Tower, Ill

DATE June 30 1936

19. UNDERTAKER

(ADDRESS)

Hedmann - Baue

20. FILED

6/29

19

36 Clarence F. Kessler

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 27 1936

22. I HEREBY CERTIFY, that I attended deceased from

Jan 15 1936, to June 27 1936

I last saw him alive on June 27 1936 Death is said

to have occurred on the date stated above, at 5:30 P. M.

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

Portion Amputation

Date of onset

Other contributory causes of importance:

Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

X-ray

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

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. R. Hardin

, M. D.

(Address)

St Charles, Mo.

MARGIN RESERVED FOR BINDER

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.

V. 6, NO. 2
20M-2-16-36
I X7284

