

JUL 27 1936

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Charles
Township St Charles
City (No.) (No.) St. Ward)

Registration District No. 757
Primary Registration District No. 5998

File No. 24000
Registered No. 112

2. FULL NAME

George Baetler

(a) Residence, No. St Charles St., Ward.

Length of residence in city or town where death occurred / 5 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Mrs. R. Irene Baetler

22. I HEREBY CERTIFY (That I attended deceased from March 2, 1936, to June 21, 1936)
I last saw him alive on June 21, 1936. Death is said to have occurred on the date stated above, at 10 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 - 1866

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 20

Coronary Heart Disease (Date of onset)

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

Other contributory causes of importance:
ARB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

13. NAME John M. Baetler

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

15. MAIDEN NAME Schaller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo

17. INFORMANT (ADDRESS) Mrs. Geo. Baetler
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Cem DATE Apr 6, 1936

19. UNDERTAKER (ADDRESS) Ed Keilly
Rolla Mo

20. FILED 6/27 1936 Clarence S. Weisler
Registrar

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...

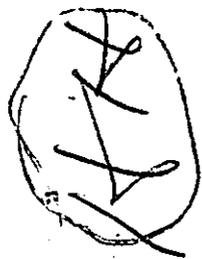
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. J. ... M. D.
(Address) St. Charles Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



11