

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

Do not use this space.

27734

1. PLACE OF DEATH

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

Registration District No. 157
Primary Registration District No. 3036

File No.
Registered No. 130 Ward)

2. FULL NAME

(a) Residence, No. 98371 Rugehly Hwy 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Str. Hagemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1852

7. AGE YEARS 83 MONTHS 7 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) New Mills, Mo

13. NAME Henry Berghmann

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

15. MAIDEN NAME Eliza Leimbach

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

17. INFORMANT Henry Hagemann (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran cemetery DATE July 17, 1936

19. UNDERTAKER Hagemann (ADDRESS) Wade

20. FILED 7/17 1936 Clarence B. Mueller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 28/36, 1936, to July 15, 1936. (last saw) (last saw) alive on July 15, 1936. Death is said to have occurred on the date stated above, at 4 P. m.

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

98371
Protein Compounds
due to?
Other contributory causes of importance:
General Art Sclerosis

Name of operation none Date of
What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. Enich Schurz, M. D.
(Address) St. Charles, 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.

