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.

AUG 28 1936

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

Do not use this space.

27738

File No.
Registered No. 135

1. PLACE OF DEATH
County St Charles
Registration District No. 757
Township
Primary Registration District No. 3036
City St Charles (No. 302 S Main St. Ward)

2. FULL NAME Mary Elizebeth Deters
(a) Residence, No. 302 S Main 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: 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 J. George Deters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1874

7. AGE: Years 62 | Months 4 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME John Gerhard Punk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Gesina Untied
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J George Deters 302 S Main St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cemetery DATE July 25th 1936

19. UNDERTAKER Geb C Dallmeyer & Son's Co
(ADDRESS) 800 N 2nd St Charles Mo

20. FILED 7/24 1936 Clarence F Nesler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 22, 1936
I last saw him alive on July 22nd, 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:

	Date of onset
Hypertension +	?
Coronary Disease	?
Arteriosclerosis	
Hemiplegia right 9 yrs ago	

Other contributory causes of importance:

Bronchopneumonia	7/21/36

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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. O. Hayden, M. D.
(Address) St. Charles, Mo.