

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.

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County St. Charles
Township.....
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
(No. St. Joseph Hospital)

File No. 35375
Registered No. 181
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Batchtown Ill.
(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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>9</u>	<u>17</u>	

OCCUPATION

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

MOTHER FATHER 13. NAME Martin Elerman

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

15. MAIDEN NAME Rosalie Simer

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

17. INFORMANT Martin Elerman
(ADDRESS) Batchtown, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Batchtown Ill. DATE October 1, 1936

19. UNDERTAKER David J. Forbush
(ADDRESS) Winflet, Mo.

20. FILED 9/29 1936 Clarence A. Spies
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 1936

22. I HEREBY CERTIFY; That I attended deceased from 9/27, 1936, to 9/28, 1936

I last saw him alive on 9/28, 1936 Death is said

to have occurred on the date stated above, at 8.15 P.m.

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

Acute Pneumonia Date of onset 9/26/36

Other contributory causes of importance: acute nephritis 9/26/36

Name of operation none 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?.....

If so, specify.....

(Signed) B. J. Dembeise, M. D.
(Address) St. Charles, Mo.

