

DEC 30 1936

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

Do not use this space.

42301

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757

File No. _____

Township _____

Primary Registration District No. 3036Registered No. 707City St. Charles (No. _____)St. Joseph Hospital

St. _____ Ward)

2. FULL NAME Bernhard Achelpohl(a) Residence, No. Flint Hill Trce 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Oct 10th 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.58025

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farming9. 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)St. Charles Mo.

FATHER

13. NAME

Henry Achelpohl14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Louise Classenbrink16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Charles Mo.17. INFORMANT
(ADDRESS)Wm. F. Achelpohl
St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lak Grove Cemetery Nov 7th 193619. UNDERTAKER
(ADDRESS)H. B. Dullinger & Sons Co.
St. Charles Mo.20. FILED 11/71936 Clarence B. Mueller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th 193622. I HEREBY CERTIFY, That I attended deceased from
Sept. 20, 1936, Nov. 5, 1936I last saw him alive on Nov 5th, 1936. Death is said
to have occurred on the date stated above, at 11:30 A. m.

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

MyocardialDate of onset
11-1-36

Other contributory causes of importance:

Chronic glomerular nephritis - 6-36
Acute degeneration - 1920

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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) L. J. Canty(Address) St. Charles, Mo

, M. D.

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.

