

1937

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

Do not use this space.

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles (No. 549)

Registration District No. 757
Primary Registration District No. 3036
Jackson

File No. 7852
Registered No. 76
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St Charles Mo 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 Honey John Honerkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 9

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) St Charles Mo

13. NAME Valentine Glosier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace La Raine Germany

15. MAIDEN NAME Christina Jann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace La Raine Germany

17. INFORMANT (ADDRESS) Adolph Honerkamp St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter Cemetery DATE Feb 6th 1937

19. UNDERTAKER (ADDRESS) W O Dellmeyer & Sons Co 300 N 2nd St Charles Mo

20. FILED 75 1937 Clarence B. Heuler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1937, to February 3, 1937
I last saw her alive on February 3, 1937 Death is said to have occurred on the date stated above, at 7:40 p.m.

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

	Date of onset
<u>Essential Hypertension</u>	<u>2</u>
<u>and Coronary Disease</u>	<u>2</u>
<u>Generalized Arteriosclerosis</u>	<u>2</u>
<u>Diabetes Mellitus</u>	<u>2</u>

Other contributory causes of importance:
Chronic Cardiac decompensation
Influenza with pneumonia
at lower lobe 1 week

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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? NA (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. Hassam M. D.
(Address) St. Charles, Mo.

