APR 23 1937

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

Do not use this space.

File No. 12915
Registered No. 2

1. PLACE OF DEATH
County: Perry 79
Township: Bradeau
City: Altenburg (No. ..... St. ..... Ward)
Registration District No. 157
Primary Registration District No. 5874

2. FULL NAME: August Friedrich Preusser

(a) Residence, No. ..... 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 23rd 1851

7. AGE: Years 85 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1-9-18
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Altenburg Mo

FATHER
13. NAME: Frederick Wilhelm Preusser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

MOTHER
15. MAIDEN NAME: Maria Schlandstaedt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

17. INFORMANT (ADDRESS): Rudolph Preusser Altenburg Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Altenburg, Mo. DATE: Febr. 3rd 1937

19. UNDERTAKER (ADDRESS): Zumy & Son Perryville, Mo.

20. FILED 3-1- 1937 Adolphe Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19th 1937 to February 28th 1937
I last saw him alive on February 27th 1937. Death is said to have occurred on the date stated above, at 7:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year
Paralytic Ileus	10 days

Other contributory causes of importance: ABC

Name of operation: None Date of .....
What test confirmed diagnosis? P. E. 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) Theodore Fischer, M. D.
(Address) Altenburg, 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.