

APR 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St CharlesRegistration District No. 757Township St CharlesPrimary Registration District No. 3936City St Charles (No. 1710 Subley St)File No. 13207Registered No. 60St. 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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

1894 April 22

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ... hrs.

or min.

42114

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Seamstress9. 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

MOTHER FATHER

13. NAME

Joseph Amsinger

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Theresa Mertens

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St Charles mo

17. INFORMANT

(ADDRESS)

Joseph Amsinger

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

St Peters Cemetery March 29th 1937

19. UNDERTAKER

(ADDRESS)

W. B. Dalmeyer St Charles mo

20. FILED

3/271937 Clarence B. Thesler

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26th, 193722. I HEREBY CERTIFY, That, attended deceased from Jan 10 37 March 26th, 1937I last saw her alive on March 26th, 1937. Death is saidto have occurred on the date stated above, at 30 m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Joseph Amsinger, M. D.(Address) St Charles 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.

