

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.

MAY 31 1937

1. PLACE OF DEATH

92 County *St. Charles*
4 Township *St. Charles*
8 City *St. Charles*

Registration District No. *757*

Primary Registration District No. *2036*

File No. *17415*

Registered No. *70*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Mathiasville, 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

Male

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

Sadie Kite

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

February 4, 1876

7. AGE

YEARS

66

MONTHS

✓

DAYS

10

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

OCCUPATION

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

Grain & Stock Dealer

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)

March 14, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mathiasville, Mo.

FATHER

13. NAME

Fredrick J. Ahmann

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mathiasville, Mo.

MOTHER

15. MAIDEN NAME

Caroline Schuster

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Frank Ahmann

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mathiasville, Mo.

DATE

April 16, 1937

19. UNDERTAKER

(ADDRESS)

Fred T. Lichtenburg

20. FILED

4/15

1937

Clarence A. Heister

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 10, 1937, to April 14, 1937

I last saw him alive on *April 14, 1937*. Death is said

to have occurred on the date stated above, at *7:30 p.m.*

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

Acute Apoplexy, Pyelitis

Acute Nephritis

Carcinoma Rectum

Date of onset

Other contributory causes of importance:

Name of operation *Colostomy*

Date of *March 13, 1937*

What test confirmed diagnosis? *Biopsy*

Was there an autopsy? *Yes*

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) *Vincent A. Schneider*, M. D.

(Address) *St. Charles, Mo.*

