AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... 1 Registration District No. 791 File No. 26024

Township ..... Primary Registration District No. 1003 Registered No. 7198

City St. Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME Charles G. Taubold

(a) Residence, No. 3853 Lindell St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Alice A.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1864

7. AGE: 73 YEARS, 1 MONTHS, 14 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Telephone Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bell Telephone Co
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): Hannibal Missouri

FATHER

13. NAME: John Taubold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sophia House
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Alice Taubold 3853 Lindell

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE: Missouri Crematory DATE: July 31 1937

19. UNDERTAKER (ADDRESS): Allen W. McLaughlin 2301 Lafayette Ave

20. FILED: JUL 29 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to July 28, 1937. I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 10:00 p.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7-24-37

Other contributory causes of importance:

Chronic Myocarditis	?
Chronic Nephritis	

Name of operation: Physical exam Date of: —

What test confirmed diagnosis? 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: 1
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. R. Shreffler, M. D.
(Address) 1020 Mo. Theatre Bldg. St. Louis

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X9314