

SEP 24 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

Registration District No. 757  
Primary Registration District No. 5998  
Frederick

File No. 31620  
Registered No. 142  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ida Tschannun  
(a) Residence, No. St Charles County 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11<sup>th</sup>, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19<sup>th</sup> 1862

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1937, to Aug 11, 1937  
I last saw him alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

7. AGE YEARS 75 MONTHS 6 DAYS 22 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Arteriosclerosis

Date of onset

From History 5 yrs

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

Other contributory causes of importance: AM

12. BIRTHPLACE (CITY OR TOWN) St Charles County (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME Henry Goetges  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

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. \_\_\_\_\_

15. MAIDEN NAME Jaeger  
16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

17. INFORMANT Eugene Goetges (ADDRESS) St Charles County Mo  
18. BURIAL, CREMATION, OR REMOVAL St Charles Mo PLACE St Peters Conn. DATE Aug 14<sup>th</sup> 1937

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) I. R. Herdier, M. D.  
(Address) St Charles, Mo

19. UNDERTAKER H. B. C. Dallmeier & Sons Co. (ADDRESS) St Charles Mo  
20. FILED 8/15, 1937 Clarence G. Herdier Registrar.

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.

