

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

Do not use this space.

SEP 25 1937

31670

1. PLACE OF DEATH

County St. Gen. Registration District No. 780
Township Ste Genevieve Primary Registration District No. 4466
City St. Genevieve (No. _____) St. _____ Ward _____

File No. _____
Registered No. 43

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0 10 min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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

Still force
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? no Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo
13. NAME Anton J. Baschle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jell Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____
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 _____

MOTHER 15. MAIDEN NAME Martha M. Dawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rivers, West Va Mo
17. INFORMANT (ADDRESS) Anton J. Baschle Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Genevieve Mo DATE Aug 4, 1937
19. UNDERTAKER (ADDRESS) Leo C Basler Ste Genevieve Mo
20. FILED Aug 4, 1937 T.W. Douglas Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Cholera
(Signed) St Genevieve Mo M. D.
(Address) St Genevieve 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.

