

NOV 23 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
City St Charles

Registration District No. 757
Primary Registration District No. 3936
No. 407 Jefferson St

File No. 38638
Registered No. 181
St. _____ 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 DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24th 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

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

13. NAME David L. Homerkamp

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

15. MAIDEN NAME Eudwince Haidweck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mo

17. INFORMANT David L. Homerkamp (ADDRESS) St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns Cemetery DATE Oct 25th 1937

19. UNDERTAKER H. C. Dalmeyer & Sons Co (ADDRESS) St Charles Mo

20. FILED 10/25 1937 C. Larence H. Nusler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from October 24, 19____, to _____, 19____. I last saw h. 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:

stillbirth -
Premature separation of Placenta
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) Wanda A. Schneider, 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.

