

DEC 23 1938

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

8015  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Charles Registration District No. 757  
 (b) Township St. Charles Primary Registration District No. 5998  
 (c) City St. Charles (d) Street No. County Home St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Reiners Mersiebrynn G. ELLERS  
 (a) Residence, No. AUGUSTA MO. St.  (If nonresident, give city or town and State)

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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Mersiebrynn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th. 1871  
 7. AGE YEARS 67 MONTHS — DAYS 15  
 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work  
 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) Brooklyn, New York  
 13. NAME Malleted  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Don't Know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) County Home, St. Charles Mo  
 18. BURIAL, CREMATION OR REMOVAL PLACE New Dickers DATE Feb. 22nd 38  
 19. FUNERAL DIRECTOR (ADDRESS) Brockland Undertaking, 1827 Hogan St., St. Charles, Mo.  
 20. FILED 1/21 1938 Charles J. Reider Local Registrar. 677

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20th 1938  
 22. I HEREBY CERTIFY That I attended deceased from Dec 12 1937 to Feb. 20 1938  
 I last saw him alive on Feb. 19 1938 Death is said to have occurred on the date stated above, at 5:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Arterio Sclerosis  
 Date of onset  
 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) T. R. Hardie, M. D.  
St. Charles, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

