

REC'D JUL 15 1938 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 (No.)

Registration District No. 757
Primary Registration District No. 3936
St. Joseph Hospital

File No. 22793
Registered No. 103
St. Ward

2. FULL NAME

(a) Residence, No. 0 Fallaw, mo St. Ward. 400

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Shoel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 28, 1890</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1937</u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta, mo</u>		
FATHER	13. NAME <u>George Denech</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dexter, mo</u>	
MOTHER	15. MAIDEN NAME <u>Emilia Meyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Labadie, mo</u>	
17. INFORMANT <u>Arthur Shoel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> Lutheran Cemetery</u> DATE <u>July 14, 1938</u>		
19. UNDERTAKER <u>Hoenmann & Baue</u>		
20. FILED <u>7/13</u> 19 <u>38</u> <u>Clarence A. Moseler</u> Registrar. <u>11:11</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 1938

22. I HEREBY CERTIFY, that I attended deceased from June 1 1937, to July 10 1938
I last saw him alive on July 10 1938 Death is said to have occurred on the date stated above, at 11:09 a.m.
The principal cause of death and related causes of importance were as follows:
Polycystic Kidney
(one previously removed)
Date of onset 1937

Other contributory causes of importance:
Anemia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) W. J. Sauter M. D.
505 Clark, 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.

