

SEP 26 1938

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

Dr. Chanby

33158  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Mo Registration District No. 257  
 (b) Township St. Charles Primary Registration District No. 3036 Registered No. 139  
 (c) City St. Charles (d) Street No. St Joseph Hospital 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

(a) Residence, No. 603 N 4th St St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st, 1938

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

I HEREBY CERTIFY, (That I attended deceased from Aug. 15, 1938, to Sept. 21, 1938  
 I last saw him alive on Sept. 20, 1938. Death is said to have occurred on the date stated above, at 2 a.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6th 1855

Broncho Pneumonia Date of onset 7-18-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious S. J.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation Life

Other contributory causes of importance:  
Senile arterio-sclerotic hypertension

12. BIRTHPLACE (CITY OR TOWN) Bow Island (STATE OR COUNTRY) Ireland

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Rev. W.B. Sommerhauser  
St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stanislaus Cem DATE Sept 23, 1938

19. FUNERAL DIRECTOR (NAME) J. J. Ballinger (ADDRESS) 500 N. Second St Charles Mo

20. FILED 9/23 28 Clarence B. Meeker Local Registrar

Name of operation None Date of.....  
 What test confirmed diagnosis? Was there an autopsy? no

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? no  
 If so, specify E. J. County St. Charles Mo.  
 (Signed) E. J. County M. D.  
 (Address) 177

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**