

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

Do not use this space.

44316

1. PLACE OF DEATH  
 County St Charles Registration District No. 755  
 Township Farmersburg Primary Registration District No. 59969  
 City Augusta (No. 00003) St. 00003 Ward

2. FULL NAME Theodore Memechager  
 (a) Residence, No.        St.        Ward         
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs.    mos.    ds. How long in U. S., if of foreign birth?        yrs.    mos.    ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>69</u>	<u>9</u>	<u>22</u>		

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Ret. Merchant  
 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) Augusta Mo  
St Charles

FATHER  
 13. NAME Herman Memechager  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER  
 15. MAIDEN NAME Anna Mack  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Mrs Theo Memechager  
 (ADDRESS) Augusta Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lutheran Cemetery DATE Dec 11 1938

19. UNDERTAKER Shelving & Merchants  
 (ADDRESS) Augusta Mo

20. FILED 12/19 19 38 Calvin Clay Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 19 38

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 19 38, to Dec 6 19 38  
 I last saw him alive on Dec 6 19 38 Death is said to have occurred on the date stated above, at 11:58 p.m.  
 The principal cause of death and related causes of importance were as follows:

<u>chr. nephritis</u>	<u>3 years</u>
<u>Hypertrophied Prostate with Retention</u>	<u>3 years</u>
<u>acute pharyngitis and laryngitis</u>	<u>4 days</u>
<u>Hypostatic Pneumonia</u>	<u>1 day</u>

Other contributory causes of importance:  
        
      

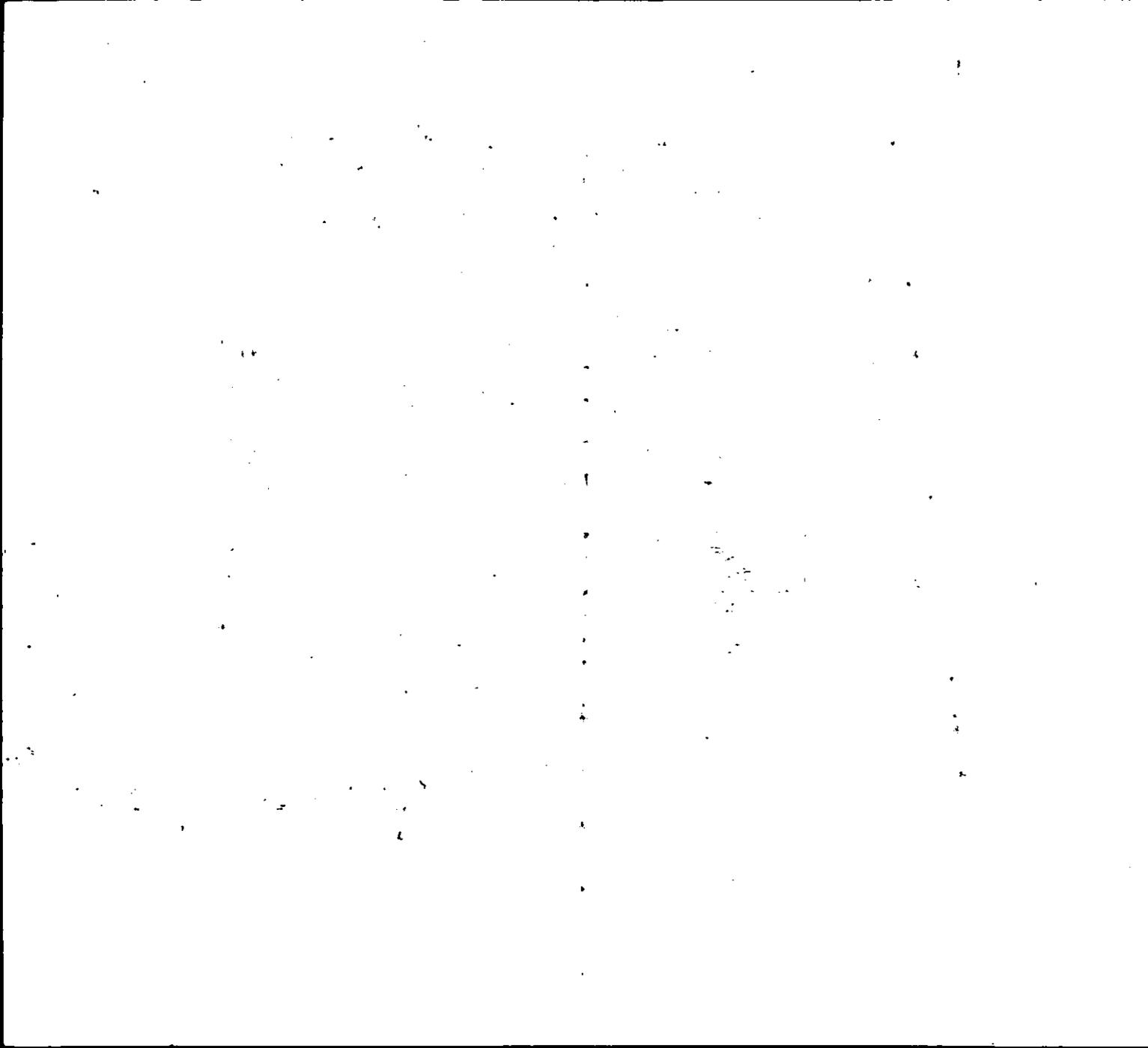
Name of operation None Date of         
 What test confirmed diagnosis? Urinal Was there an autopsy? No

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         
 (Signed) Herbert H Dehmer M. D.  
 (Address) Marionville, 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

44316  
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1. PLACE OF DEATH St Charles Registration District No. 755  
 (a) County St Charles (b) Township Augusta Primary Registration District No. 4453 Registered No. \_\_\_\_\_  
 (c) City Augusta (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 Theodore MEINERSHAGEN  
 (a) Residence, No. \_\_\_\_\_ 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 9 22  
 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. \_\_\_\_\_  
 Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1938  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 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:  
 \_\_\_\_\_  
 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 of injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Herbert N. Schmat M. D.  
 (Signed) \_\_\_\_\_ (Address) Marthaville Mo

SUPPLEMENTARY

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 13. NAME \_\_\_\_\_  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_  
 19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_  
 20. FILED Dec 7 1939 Galvin Clay Local Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

