

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

Do not use this space.

44330

1. PLACE OF DEATH

County St. Charles Registration District No. 759
Township Wentzville Primary Registration District No. 6000
City Wentzville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Massman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26-1854</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>		<u>27</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home doctor</u>
	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) Detroit, Mo
(STATE OR COUNTRY) Mo.

13. NAME Philip Weirich

14. BIRTHPLACE (CITY OR TOWN) Hessen
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Dorothy Rothger

16. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William Massman
Wentzville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Melle DATE Dec 26 1938

19. UNDERTAKER (ADDRESS) J. C. Applegate
Wentzville, Mo.

20. FILED 12-27 1938 O. A. Mubm

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1938, to Dec 23 1938

I last saw him alive on Dec 23 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Senility
arterio-sclerosis

Date of onset

2

Other contributory causes of importance: 97

Name of operation _____ 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 _____ (Signed) O. A. Mubm, M. D.

(Address) New Melle 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.

