

1339 MAY 22 1939

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

Do not use this space.

15932

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. 236)

Registration District No. 757
Primary Registration District No. 3036

File No. 15932
Registered No. 47
St. St. Charles Ward 47

2. FULL NAME Henry Austerschiedt

(a) Residence, No. 407 N. French St. St. Charles Ward 47
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? 4 yrs. 1 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Theresa (Parker) Austerschiedt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1868

7. AGE YEARS 70 MONTHS 6 DAYS 11 IF LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) St. Charles, Mo. (STATE OR COUNTRY)

13. NAME Joseph Austerschiedt

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

15. MAIDEN NAME Louise Rine

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

17. INFORMANT Mrs. Henry Austerschiedt (ADDRESS) 407 N. French St.

18. BURIAL, CREMATION, OR REMOVAL St. Charles, Mo. PLACE St. Peter's Cemetery DATE April 5, 1939

19. UNDERTAKER N. C. Hallmeyer & Sons Co. (ADDRESS) St. Charles, Mo.

20. FILED 4/4 1939 Blarance G. Heuler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to April 1, 1939

I last saw h. s. m. alive on April 1, 1939. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Myocardial disease

Generalized arteriosclerosis

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1939

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify George S. Kister, M. D.

(Signed) George S. Kister (Address) 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.

FEB 14 1947