

DEC'D MAY 10 1939

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

Do not use this space.

15944

1. PLACE OF DEATH

County St. Charles Registration District No. 760A
Township Excelsior Primary Registration District No. 44-55
City Wentzville (No. 212) St. _____ Ward _____
Autons O Mispagel

2. FULL NAME

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. 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 Catherine Mispagel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) St. Peters Mo.

13. NAME John Mispagel

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

15. MAIDEN NAME Kristin Hoffman

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

17. INFORMANT (ADDRESS) Catherine Mispagel Wentzville, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Wentzville, Mo. DATE 4-18 1939

19. UNDERTAKER (ADDRESS) De Pityusany 681 Wentzville

20. FILED 4/19 1939 Gertrud S. Jantke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1939

22. I HEREBY CERTIFY, that I attended deceased from Wash 1939, to Apr 15 1939
I last saw him alive on 4/15 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
Other contributory causes of importance: Senility

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 or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) A. C. McMuray, M. D.
(Address) Wentzville, 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.

