

SEP 21 1939

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

Do not use this space.

30071

1. PLACE OF DEATH

County St. Charles Registration District No. 766A File No. _____
Township Wentzville Primary Registration District No. 4455 Registered No. _____
City Wentzville (No. _____) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-39

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

22. I HEREBY CERTIFY, That I attended deceased from 8-19-39, 19... to 8-24-39, 19...
I last saw him alive on 8-24-39, 19... Death is said to have occurred on the date stated above, at 4-00 P.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1856

Myocarditis
Date of onset _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 _____

Other contributory causes of importance: Old age
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest Hill Mo.

MOTHER 13. NAME Henry Harbicht

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

MOTHER 15. MAIDEN NAME Schlesinger

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

17. INFORMANT (ADDRESS) Ludwig Lindbark Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville DATE Aug 28 1939

19. UNDERTAKER (ADDRESS) The Pitzer Corp. Wentzville, Mo.

1-39 Gustav S. Ferstl Registrar

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? _____
If so, specify _____

(Signed) J. T. Tour, M. D.

(Address) Wentzville, Mo.

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

