

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

Do not use this space.

2140

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. 720 S. Main) St. 1 Ward

2. FULL NAME

(a) Residence, No. 720 S. Main St. Ward. 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 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 Annie Taebben
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1870.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 29.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
 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) Hannover, Germany

MOTHER 13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT John Taebben (ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sacred Heart Cem. DATE Jan. 9th, 1932

19. UNDERTAKER Steinbraker and Co. (ADDRESS) St. Charles, Mo.

20. FILED 18 1932 Hy & Bleebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1932, to Jan. 5, 1932. I last saw him alive on Jan. 5, 1932. Death is said to have occurred on the date stated above, at 6:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia -
Diabetes mellitus.
 (since 1928), 1

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physiual 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) John Taebben, M. D.
 (Address) 2nd Street 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 25 1932

