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

Do not use this space.

File No. 23031
Registered No. 3025

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 2914 Victor St. Ward)

2. FULL NAME Auguste Legueste Chouteau
(a) Residence. No. 2914 Victor St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie N. Chouteau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany. 29, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cigar Dealer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Auguste L. Chouteau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Elizabeth Bruner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

14. INFORMANT Dr. T. J. Beattie
(Address) Broadside Hotel

15. FILED 7/23/30 M. M. Crowe REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to July 21, 1930, that I last saw h. alive on July 21, 1930, and that death occurred, on the date stated above, at 12:15 PM.

13 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Chronic Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. J. Beattie, M. D.
7/21, 1930 (Address) 1203 Waldheim Blvd. Kansas City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Calvary Cemetery — DATE OF BURIAL 7-23 1930
20. UNDERTAKER Steine & McClure — ADDRESS 3235 Gillham Plaza

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. T. J. Beattie
Waldheim Bldg.
Main 2636.
1-5 P.M.

1202