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

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.

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

Do not use this space.

42380

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. .....

City St Louis (No. ..... St. ..... Ward)

File No. .....

Registered No. 12287

2. FULL NAME Andrew Achs

(a) Residence, No. 1719 So 8th St., 23 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 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 Catharine Achs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 – 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	—	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manewal Baker

10. Date deceased last worked at this occupation (month and year) Aug 10 – 1929

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ungarn

FATHER

13. NAME Joseph Achs

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

MOTHER

15. MAIDEN NAME Margaretta Martin

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

17. INFORMANT (ADDRESS) Joseph Achs 1719 So 8th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter & Paul DATE Dec 12 1931

19. UNDERTAKER (ADDRESS) Greenlee N. Fr 1718 So 9th St.

20. FILED DEC 11 1931 19 Max E Starkey Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Dec 10, 1931

I last saw him alive on Dec. 9, 1931 Death is said to have occurred on the date stated above, at 7.45 a.m.

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

Carcinoma of Stomach — Date of onset 11.1.30

46B

Other contributory causes of importance:

46B

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) Edward Wenger, M. D.

(Address) 2002 S. Broadway