

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

Do not use this space.

**33407**

**1. PLACE OF DEATH**

County *St. Louis*  
Township *Meremac*  
City (No. ) (No. )

Registration District No. *785*  
Primary Registration District No. *6032*

File No. \_\_\_\_\_  
Registered No. *201* Ward \_\_\_\_\_

**2. FULL NAME**

*August Wardenburg*  
(a) Residence, No. *Rentaur, Mo.* 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Amelia Wardenburg*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug-14-1849*

7. AGE YEARS *83* MONTHS *2* DAYS *16* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. *general farm work*

10. Date deceased last worked at this occupation (month and year) *July 19 26* 11. Total time (years) spent in this occupation *60*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Co. Mo.*

13. NAME *Adam Wardenburg*

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

15. MAIDEN NAME *Johanna Schruken*

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

17. INFORMANT (ADDRESS) *Henry Wardenburg - Rentaur, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rentaur, Mo.* DATE *Nov. 2, 1932*

19. UNDERTAKER (ADDRESS) *Schraden U. Co. Ballwin, Mo.*

20. FILED *Nov-1, 1932* *L. B. Barnett M.D.* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 29 Oct 2, 1932*, to *Oct 29, 1932*  
I last saw him alive on *Oct 29, 1932*. Death is said to have occurred on the date stated above, at *5 P. m. Oct 30/32*  
The principal cause of death and related causes of importance were as follows:

*Endocarditis (acute)*  
*Hardening of Arteries, arteriosclerosis*  
*Emphysema of Left Leg*  
Date of onset \_\_\_\_\_  
91 A  
97  
98 B  
Other contributory causes of importance: \_\_\_\_\_  
①

Name of operation *amputation Left Leg* Date of *Sept 1931*  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *No.* 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 *no injury just home*  
Nature of injury *it was a Rupture*

24. Was disease or injury in any way related to occupation of deceased? *No.*  
If so, specify \_\_\_\_\_

(Signed) *Robert Terrey*, M. D.  
(Address) *Charterfield 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.

NOV 28 1932



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