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.

NOV 10 1933

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

Original - sent to Jeff city

Do not use this space.

File No. 34344

Registered No. 296

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 60333

City ..... (No. Cleave Corner St. ..... Ward)

2. FULL NAME Charles F. Dachroeden

(a) Residence. No. 1400 Ogden St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W —	M -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Dachroeden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-9-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	6	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman -

(b) General nature of industry, business, or establishment in which employed (or employer) Lake Land Security Co

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Christine Dachroeden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis Co
(STATE OR COUNTRY) Mo -

12. MAIDEN NAME OF MOTHER Louise Gardner -

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sky -

14. INFORMANT Mrs. Mary A. Dachroeden
(Address) 1400 Ogden

15. FILED 10/10, 1933 Della Tracy M.D. REGISTRAR
10-10-33

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-9- 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept-30-, 1933, to Oct-9-, 1933 that I last saw him alive on Oct-4-, 1933 and that death occurred, on the date stated above, at 8:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris and Arteria Sclerosis

9-30-33

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H. T. Coleman, M. D.

10/10, 1933 (Address) Pattonville - Mo

*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	DATE OF BURIAL
Calvary	10-11- 1933
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton