

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township _____ Primary Registration District No. 2036
 City St. Charles (No. 330, Manor St. _____ Ward _____)

2. FULL NAME

Daniel James Bergmeyer
 (a) Residence, No. 330 Manor 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1934
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) St. Charles Mo

13. NAME Elmer F Bergmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

15. MAIDEN NAME Helen Dimebuck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo

17. INFORMANT Elmer F Bergmeyer
 (ADDRESS) 330 Manor St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE July 15, 1934

19. UNDERTAKER H. J. ...
 (ADDRESS) 500 W. ...

20. FILED 728 1934 Elmer F Bergmeyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 . 1934

22. I HEREBY CERTIFY That I attended deceased from March 15 1934, to July 26, 1934
 I last saw him -alive on July 26, 1934. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Acute interstitial Nephritis (Protein type)
Cerebral
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 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? _____ 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 _____

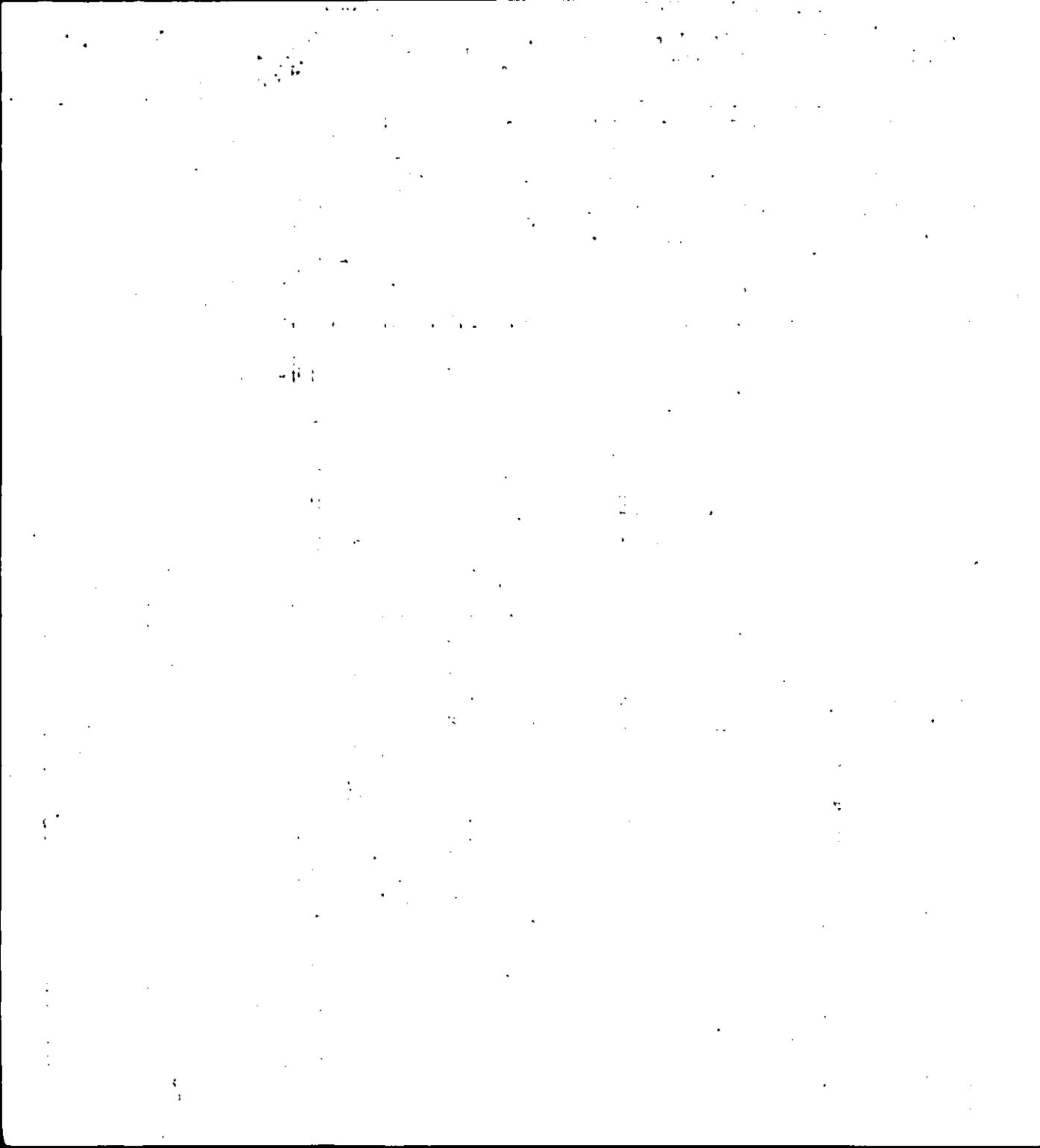
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) B. J. ..., M. D.
 (Address) 200 ... St. Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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

APR 16 1934



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

125

#2
D. J. Brown
Charles

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks; lacking from the death certificate.

Name: David James Baumeyer
Who died at _____ on July 26 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, ~~married~~, ~~widowed~~ or ~~divorced~~: _____

Date of birth _____ Age: Years 0 Months 6 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 7 Year 34

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Ac Intestinal Infarction
Convulsions (Elite Infarctate Systemic) (Pocitludgoutuuf)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Clarence B. Mason Date filed 1/17/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 757 Very truly yours,

Primary Reg. Dist. No. 2036 E. T. McGaugh M.D.
g.c.

Special Agent.

