

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.

NOV 22 1934

1. PLACE OF DEATH

County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 3037
 City Kirkwood (No. 1043, Big Bend)

File No. 37201
 Registered No. 226
 St. _____ Ward _____

2. FULL NAME

alie Astholz

(a) Residence, No. 1043 Big Bend St Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>6</u>	<u>27</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building construction
 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) Cape Girardeau Missouri

FATHER 13. NAME Henry Astholz

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

MOTHER 15. MAIDEN NAME Augusta Brondes

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

17. INFORMANT Henry Astholz
 (ADDRESS) 1043 Big Bend Rd. Kirkwood, Mo

18. BURIAL, CREMATION, OR REMOVAL Cape Girardeau DATE Oct 25 1934

19. UNDERTAKER Parker and Co
 (ADDRESS) Webster Groves Mo Dept

20. FILED 10/24 1934 Agnes C. Kelly, Deft
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1933, to 10-23 1934

I last saw him alive on 10-23 1934. Death is said to have occurred on the date stated above, at 8 m.

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

Coronary Thrombosis
950 9200
 Date of onset 1933

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical as 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) W B Cassel _____ M. D.

(Address) 3239 _____

Don Coffey

10 5 12 m