

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St CharlesRegistration District No. 757

Township

Primary Registration District No. 2936City St Charles(No. 1827, N. 2nd St)File No. 13205Registered No. 58

St. _____ Ward)

2. FULL NAME

William Frederick Elmendorf(a) Residence, No. St Charles Mo 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 Mary Borgmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 0 2

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

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 Mo13. NAME Charles Elmendorf14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo15. MAIDEN NAME Mary Borgmeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo17. INFORMANT (ADDRESS) Lawrence Elmendorf St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters Cemetery DATE May 24th 193719. UNDERTAKER (ADDRESS) D. B. Dellmeyer & Son's Co 800 N. 9th St St Charles Mo20. FILED 3/213 St Charles Mo Registrar L. H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22nd 193722. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to March 22, 1937I last saw him alive on March 22nd, 1937 Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Acute Bleurisy - acute Circulatory collapse. Pulmonary congestion

Date of onset 3/19/37

Other contributory causes of importance: Chronic Pulmonary Fibrosis Tuberculosis right Shoulder Joint

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? _____

If so, specify _____

(Signed) Vincent A. Schreiber, M. D.(Address) St Charles 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.

