

S. No. 2
OM-1/47
er. 5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15782

National Office of Vital Statistics

State File No.

FILED MAY 19 1948
77

Primary Registration District No. 3016

Registrar's No. 445

1. PLACE OF DEATH:

(a) County... Cole

(b) City or town... Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 months
(Specify whether
In this community 14 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Howard

(c) City or town... West Glasgow
(If outside city or town limits, write "RURAL")

(d) Street No. no Streetnumber
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Mary Castrop

3. (b) If veteran, name war... No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... Joseph

6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... March 3, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>2</u>	<u>5</u>	hr. min.

9. Birthplace... Westphalia, Mo. Osage Co.
(City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business

12. Name... Henry Mertensmeyer

13. Birthplace... Germany
(City, town, or county) (State or foreign country)

14. Maiden name... Unk

15. Birthplace... Unk
(City, town, or county) (State or foreign country)

16. (a) Informant... Hugo Castrop

(b) Address... West Glasgow, Mo.

17. (a) Burial
(burial, cremation, or removal) (b) Date thereof... 5/11/48
(Month) (Day) (Year)

(c) Place: burial or cremation... Gilliam, Mo.

18. (a) Signature of funeral director... Victor Buecher

(b) Address... Jefferson City, Mo.

19. (a) 5-9-48
(Date received local registrar) (b) R. P. Davis, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year... 1948 hour... 7 minute... 15

21. I hereby certify that I attended the deceased from March 30, 1947, to May 8, 1948,
that I last saw her alive on May 7, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage

Due to... Hypertension & General arteriosclerosis

Other conditions... Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations... 830

Of autopsy... 830

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

23. Signature... A. Osman
(M. D. or other) Address... Jefferson City, Mo. Date signed... 5-8-48

PHYSICIAN
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
5
4

RECEIVED
District Health Officer No. 9,
District File Number
MAY 18 1948
Date Filed

JAN 20 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.