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.

MAR - 9 1932

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

Do not use this space.

File No. 4289

Registered No.

1. PLACE OF DEATH

37

County Gasconade — Registration District No. 307

Township Boulware — Primary Registration District No. 5425

City ~~Farm~~ (No. ..... St. ..... Ward)

2. FULL NAME Emelia Giedenhagen

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1851

7. AGE — YEARS 80 — MONTHS 7 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) December 28th 1931

11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo.

FATHER

13. NAME George Borrenpohl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Dont know

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

17. INFORMANT (ADDRESS) Frank Borrenpohl Bay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Cemetery DATE Feb. 22d 1932

19. UNDERTAKER (ADDRESS) Wm Gottenstroetter Owensville Mo.

20. FILED 2-20 - 1932 Mrs. F. B. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1931, to Feb. 19th, 1932

I last saw her alive on Feb. 19th, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

Chronic Nephritis — Date of onset: Dont know

131

Other contributory causes of importance:

Hypertrophy of heart

9

Name of operation — Date of —

What test confirmed diagnosis? Clinical Symptoms 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) E. G. Rhodius, M. D.

(Address) Bay Mo.