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.

639

1. PLACE OF DEATH

County: Osage — Registration District No.: 35848 — File No.: 46928

Township: Behlen — Primary Registration District No.: 39 — Registered No.:

City: (No.: , St.: Ward:)

2. FULL NAME Augusta Gnadt

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

Length of residence in city or town where death occurred 61 yrs. mos. 24 ds. How long in U. S., if of foreign birth? 64 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	11	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pletznex
(STATE OR COUNTRY) Germany, 10

PARENTS

10. NAME OF FATHER Michael Steinke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Theathea Florka.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs. Flora Schmitz.
(Address) Morrison,

15. FILED 12/28, 1932 Esther Souder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18 1932

17. I HEREBY CERTIFY, That I attended deceased from 12/18/32, 19, to 12/18/32, 19 that I last saw h. alive on Dec 19, 1932, and that death occurred, on the date stated above, at 3.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Coma
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Howard Portman, M. D.
, 19 (Address) Pershing mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Friedrichsburg Cemetery	12-21 1932
20. UNDERTAKER	**ADDRESS**
Arnold Hammer	Morrison Mo