

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.

39107

## 1. PLACE OF DEATH

County Gasconade  
Township \_\_\_\_\_  
City Roark (No. \_\_\_\_\_)

Registration District No. 303Primary Registration District No. 5420

File No. \_\_\_\_\_

Registered No. 28

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                  |                                                                                                                  |                                                                            |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                          | 4. COLOR OR RACE<br><u>White</u>                                                                                 | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> |                                                                                                                  |                                                                            |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20-1880</u>                                     |                                                                                                                  |                                                                            |
| 7. AGE                                                                                           | YEARS<br><u>53</u>                                                                                               | MONTHS<br><u>7</u>                                                         |
|                                                                                                  | DAYS<br><u>12</u>                                                                                                | IF LESS than 1 day, hrs. or min.                                           |
| OCCUPATION                                                                                       | 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.<br><u>Housekeeper</u> |                                                                            |
|                                                                                                  | 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)                                                 | <u>Herzmann</u><br><u>mo</u>                                                                                     |                                                                            |
| FATHER                                                                                           | 13. NAME <u>Modest Eppler</u>                                                                                    |                                                                            |
|                                                                                                  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herzmann</u><br><u>mo</u>                                    |                                                                            |
| MOTHER                                                                                           | 15. MAIDEN NAME <u>Elizabeth Schannuth</u>                                                                       |                                                                            |
|                                                                                                  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herzmann</u><br><u>mo</u>                                    |                                                                            |
| 17. INFORMANT (ADDRESS)                                                                          | <u>Geo. J. Eppler</u><br><u>Herzmann</u> <u>mo</u>                                                               |                                                                            |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>St Joseph Cem</u> DATE <u>12/4</u> 19 <u>33</u>    |                                                                                                                  |                                                                            |
| 19. UNDERTAKER (ADDRESS)                                                                         | <u>Herzo Blumner</u><br><u>Herzmann</u> <u>mo</u>                                                                |                                                                            |
| 20. FILED <u>12-3</u> 19 <u>33</u>                                                               | <u>Anna K. Rickhoff</u><br>Registrar                                                                             |                                                                            |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1 193322. I HEREBY CERTIFY, that I attended deceased from Apr. 17 1933 to Dec. 1 1933I last saw her alive on Nov. 25 1933. Death is said to have occurred on the date stated above, at 6:45 A.M.The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
arteriosclerosis

Date of onset

Not known

Other contributory causes of importance

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 1933

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? noIf so, specify John Engelbrecht(Signed) John Engelbrecht, M. D.(Address) St Louis, Mo

