

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.

JUL 1 9 1984

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade  
Township Boeuf  
City (No. ....) .....

Registration District No. 306  
Primary Registration District No. 5424

File No. 20056  
Registered No. 8

2. FULL NAME

Mrs. Lisetta C. Brakemeyer

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? 83 yrs. 1 mos. 19 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Brakemeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-24-18-49</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Rogge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Wilkerson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>John A. Heserman</u> <u>Wrensville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. James Cem.</u> DATE <u>June 11 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Rattelschneider</u> <u>Wrensville, Mo</u>		
20. FILED <u>6-14 1934</u> <u>John Engelbrecht</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13-1934

22. I HEREBY CERTIFY, that I attended deceased from Mar. 13 1934 to June 13 1934  
I last saw her alive on May 11 1934 Death is said to have occurred on the date stated above, at 4:20 P.M.  
The principal cause of death and related causes of importance were as follows:  
arteriosclerosis  
Date of onset not known

Other contributory causes of importance: —

Name of operation None Date of .....

What test confirmed diagnosis? Physician 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? ....., 19.....  
(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) John Engelbrecht, M. D.  
(Address) Stang Hill, Mo

