

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.

APR 19 1937

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

Do not use this space.

11851

1. PLACE OF DEATH

County Lescanade

Registration District No. 305

Township Carson

Primary Registration District No. 4184

City Owensville

(No.)

St.

Ward)

2. FULL NAME Alice Giedinghagen

(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

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

(HUSBAND OR WIFE OF)

Fred H. Giedinghagen

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

March 24, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

11

11

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

Housewife

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)

St. Louis, Missouri

13. NAME

John Homfeld

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

Germany

15. MAIDEN NAME

Caroline Bihle

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

Germany

17. INFORMANT (ADDRESS)

Fred H. Giedinghagen Owensville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Owensville City Cemetery DATE March 7, 1937

19. UNDERTAKER (ADDRESS)

W.F. Gathwaister Owensville Mo

20. FILED

3-10 1937

J.F. Ferrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1937 to March 5, 1937

I last saw him alive on March 5, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Lobar Pneumonia

Date of onset 3-2-37

Other contributory causes of importance: 11/2 Influenza

1-25-37

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? Date of injury

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?

If so, specify no

(Signed) Joseph W. Mead, M. D.

(Address) Owensville Mo

James Bay,