

REG MAY 13 1938

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

14593
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 302
(b) Township Clay Primary Registration District No. 6731 Registered No.
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Minnie Sawyer 600

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sawyer

22. I HEREBY CERTIFY, That I attended deceased from April 14 1938 to May 12 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1869

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 8 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 12

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Cerebral Apoplexy Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stollam, Missouri

Other contributory causes of importance: S.A.

FATHER 13. NAME Albert Steffen

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

MOTHER 15. MAIDEN NAME Caroline Steffen

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

17. INFORMANT W.F. Gettenstrater Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bland Co. Cemetery DATE April 16 1938

19. FUNERAL DIRECTOR Ch. J. Gettenstrater Owensville Mo.

20. FILED April 14 1938 C. B. Bunge Local Registrar.

Name of operation 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 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? If so, specify

(Signed) A. B. Bunge, M. D.

(Address) Bland Mo. 273

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W.F. Gottenstroeter, Licensed Embalmer No. 1444

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W.F. Gottenstroeter

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed W.F. Gottenstroeter

Licensed Embalmer No. 1444

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)