REC'D MAY 20 1938

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

Do not use this space.

15002

1. PLACE OF DEATH
County Jefferson
Township
City Festus
Registration District No. 421
Primary Registration District No. 4249
File No.
Registered No. 41
(No. , St. Ward)

2. FULL NAME Elsie E. Hogenmiller 254
(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 OF (OR) WIFE OF Anton Hogenmiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1894

7. AGE YEARS 44 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Weingarten Missouri

FATHER
13. NAME Louis Langelis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rivers aux Vases Missouri

MOTHER
15. MAIDEN NAME Mary Labouyere
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rivers aux Vases Missouri

17. INFORMANT (ADDRESS) Martha Hogenmiller St. Marys Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Weingarten DATE 4/11 1938

19. UNDERTAKER (ADDRESS) Leo C. Basler Ste. Genevieve Mo

20. FILED 4/7 1938 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1938, to Apr. 7, 1938
I last saw her alive on Apr 7, 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency and Arrugitation	Don't Know
92a	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? (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) J. E. Rutledge M.D. M.D.
(Address) Festus, Mo.

382

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.

I X9314