

REC'D MAY 17 1938

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

15061  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460  
(b) Township Lafayette Primary Registration District No. 4279  
(c) City Higginsville (d) Street No. \_\_\_\_\_ Registered No. 19  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Augusta Starkebaum

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15-1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
63 - 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
9. Industry or business in which work was done, as 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) Warrenson Mo13. NAME Henry Starkebaum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Henrietta Richers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Samuel Starkebaum Higginsville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville Mo DATE Apr 16, 193819. FUNERAL DIRECTOR (ADDRESS) Gruber & Meinershagen Higginsville Mo20. FILED May 2, 1938 Tiffany Webb Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 193822. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935 to Apr 13, 1938I last saw her alive on Apr 12, 1938 Death is said to have occurred on the date stated above, at 2:45 m.

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

Carcinoma of Bladder  
Secondary Anaemia

Date of onset  
1935  
1938Other contributory causes of importance: NoneName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None Was there an autopsy? no23. 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? no  
If so, specify \_\_\_\_\_(Signed) Samuel Starkebaum M. D.  
(Address) Higginsville Mo

STATEMENT BY LICENSED EMBALMER

I, W. Memershagen, Licensed Embalmer No. 1095

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

L. E.

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

Signed W. Memershagen  
Licensed Embalmer No. 1095

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