REC'D JUN 20 1938

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

Do not use this space.

18220

File No.

Registered No.

1. PLACE OF DEATH

County Gasconade

Township Roark

City (No. St. Ward)

Registration District No. 303

Primary Registration District No. 5420

2. FULL NAME Louisa Wilhemina Haeffner 156

(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 70 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1855

7. AGE: Years 83 Months 4 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER

13. NAME Frederick Haelmer

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

MOTHER

15. MAIDEN NAME Katherine G. Scheer

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

17. INFORMANT Mrs. Edwin Schaumburg
(ADDRESS) Hermann, Mo RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Swiss Evang. DATE 5/25/38, 19

19. UNDERTAKER Hugo H. Blumer
(ADDRESS) Hermann, Mo

20. FILED 5-25, 1938 Anna K. Rickhoff, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 27th, 1936, to May 23rd, 1938

I last saw her alive on May 21st, 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

	Date of onset
Chronic Myocarditis	Don't know

Other contributory causes of importance: ASC

Name of operation None Date of

What test confirmed diagnosis? Symptoms 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? No.

If so, specify

(Signed) E. G. Rhodine, M. D.

(Address) Bay Mo.

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