

REC'D AUG 24 1938

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

25128  
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township Jefferson Primary Registration District No. 3014  
(c) City Jefferson (d) Street No. 310 Woodlawn St.  
(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.

Registered No. 225

2. PRINT FULL NAME Serah Jane Bates

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

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25th, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 3 24

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

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) Brazito 0  
(STATE OR COUNTRY) Missouri: 6

FATHER 13. NAME George Englebrecht

14. BIRTHPLACE (CITY OR TOWN) Germany 0  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susie Connel

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

17. INFORMANT Mrs. John Eggers  
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE July 22nd, 1938

19. FUNERAL DIRECTOR (NAME) G. N. Steffens  
(ADDRESS) Russellville, Mo.

20. FILED 7/20/38 D. B. Zorn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to July 19, 1938  
Last saw her alive on July 19, 1938 Death is said to have occurred on the date stated above, at 9:0 P.M.

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

Cerebrospinal Meningitis Date of onset July 4  
probably Pneumococci  
as a complication to  
lobar pneumonia. 108

Other contributory causes of importance: Senility for several years

Name of operation Chloral Date of                       
What test confirmed diagnosis? Chloral 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 no, specify                     

(Signed) Jas. A. Hight M. D.

(Address) Jefferson City, Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, July 19th, 1938

Roy O. Steffens

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Roy O. Steffens*

Licensed Embalmer No. 4022

P. O. Address Russellville, Mo.

**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.)**

**If this body is not embalmed, above space should be left blank.**