

REC'D AUG 24 1938

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

25678

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township Festus Primary Registration District No. 4249
(c) City Festus (d) Street No. 123 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth S. Axtetter

(a) Residence, No. Festus 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 George Axtetter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
71 6 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) July 25, 1938 11. Total time (years) spent in this occupation

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

13. NAME Phillip Schaefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Kate Ickhorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Elizabeth Pratt (ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo DATE 7/28/38

19. FUNERAL DIRECTOR (NAME) Dueter and Vinyard (ADDRESS) Festus Mo.

20. FILED 7-30 1938 J. E. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 19July 25 to July 25, 1938

I last saw her alive on July 25, 1938. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
93C
Other contributory causes of importance: Thrombosis of the portal veins.

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? No
If so, specify (Signed) B. Bolgan, M. D.
Festus, Mo.

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,

H. L. Wyard, or by
Registered Apprentice No., working under my personal supervision.

Signed..... *H. L. Wyard*

Licensed Embalmer No. *3010*

P. O. Address *Fletcher Ave*

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.