

LEP SEP 21 1938

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

28850  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 300  
 (b) Township Syon Primary Registration District No. 5417 Registered No. 14  
 (c) City..... (d) Street No.....  
 (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 Louisa A. Segelhorst 246  
 (a) Residence, No. .... St.  (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Segelhorst  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1862  
 7. AGE YEARS 76 MONTHS 6 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.  
 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.  
 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) Leslie Mo  
 13. NAME William Semmel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Charlotte Stehlmann  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) August Segelhorst  
Leslie Mo  
 18. BURIAL, CREMATION, OR REMOVAL W. H. Matthews DATE Aug 4 38  
 19. FUNERAL DIRECTOR (ADDRESS) W. H. Matthews  
Beaufort Mo.  
 20. FILED 8/3 19 38 W. H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 19 38  
 22. I HEREBY CERTIFY, that I attended deceased from May 1 19 38 to Aug 1 19 38  
 I last saw her alive on June 20 19 38 Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Cardio-vascular Date of onset not known  
renal disease  
 Other contributory causes of importance: 1/2  
 Name of operation None 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) W. H. Matthews, M. D.  
 (Address) Beaufort 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, E. H. Lemme

Licensed Embalmer No. 3076

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

E. H. Lemme

L. E.

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

Registered Apprentice No. \_\_\_\_\_

Signed E. H. Lemme

Licensed Embalmer No. 3076

**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.)**