

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

38468
Do not use this space.

REC'D DEC 15 1938

1. PLACE OF DEATH

(a) County *Andrew* Registration District No. *13*
(b) Township *Savannah Mo.* Primary Registration District No. *1410* Registered No. _____
(c) City *Savannah Mo.* (d) Street No. *St. Nicholas Sanatorium* 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.

2. PRINT FULL NAME

(a) Residence, No. *407 Matilda Paul* St. *Clear Lake Iowa*
(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) *Widow*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-7-1861*

7. AGE YEARS *77* MONTHS *45* DAYS *164* If LESS than 1 day, hrs. or min.

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) *Stacyville Iowa*

FATHER 13. NAME *Fredinand Pertzke*

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

MOTHER 15. MAIDEN NAME *Wilhelmina Kant*

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

17. INFORMANT (ADDRESS) *E. E. Peitz Clear Lake Iowa*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Clear Lake Iowa* DATE *11-13-1938*

19. FUNERAL DIRECTOR (ADDRESS) *E. C. Peitz Savannah Mo*

20. FILED *Nov 11 1938 Wm A. King Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-11-1938*

22. I HEREBY CERTIFY, That I attended deceased from *10-23-1938* to *11-11-1938*

I last saw her alive on *11-11-1938* Death is said to have occurred on the date stated above, at *9:15 a.m.*

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

Bronchopneumonia
53

Other contributory causes of importance
Epithelioma right temple, (Primary seat right temple of the malignancy)

Name of operation *Stomach removed* Date of *10-24-38*
What test confirmed diagnosis *Cytop* 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) *Willard G. Stearns* (Address) *Savannah Mo.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)