

REC'D FEB 20 1939

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

1025

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 299  
(b) Township Blaw Primary Registration District No. 1002  
(c) City Manassas City (d) Street No. 2508 Chestnut Registered No. 38  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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. 435 Aurelia A. Waldmann St.  (If nonresident, give city or town and State)  
2508 Chestnut (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Waldmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1 - 1865

7. AGE YEARS 73 MONTHS 3 DAYS 3 day If LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. Home

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) Stony Hill Mo.

13. NAME Rudolph Von Paser

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

15. MAIDEN NAME Barbara Gaufla

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

17. INFORMANT (NAME) Aurelia Haskagen

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan 5<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Elyse Funeral Home 71 E. Mo

20. FILED Jan 4 1939 in M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1938, to Jan 4 1939

I last saw him alive on Jan 3 1939. Death is said

to have occurred on the date stated above, at 1:35 p.m.

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

Carcinoma of pancreas + Liver - Probably Pancreas Primary

Other contributory causes of importance:

myocarditis - arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy 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) Jimmie Miller, M. D.

(Address) 1424 W. Main St. Rd. 1000

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.

14-44  
1-5-55

~~Reddy~~

**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, .....

....., or by .....

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

Signed .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**