

DEC'D FEB 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH2923
Do not use this space.

1. PLACE OF DEATH,

(a) County Linn Registration District No. 494
 (b) Township _____ Primary Registration District No. 3025 Registered No. 3
 (c) City Brookfield (d) Street No. McLarned Hospital 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. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

2116 Christina Anna Fessler
 (a) Residence, No. Weiss mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 → Wm Fessler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 6 17
 OCCUPATION 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. _____
 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) Quincy Ill.
 FATHER 13. NAME Anton Schuering
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Christina Freiling
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs. Sophia Pasch
Wasson mo
Stauden mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Jan 4 1939
Wasson Mo
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jas. McLaughlin
Marjeline mo
 20. FILED Feb-1- 1939 John Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1 193922. I HEREBY CERTIFY, That I attended deceased from 174, 1938, to 1-1, 1939I last saw him alive on 1-1, 1939 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Date of onset

Acute myocardial infarction
186'

Other contributory causes of importance:

Pneumonia (Hypostatic)
following fracture of left hip 12/4/38

Name of operation _____ Date of _____

What test confirmed diagnosis? By etc Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 12/4, 1938Where did injury occur? St. Louis - home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fracture of left hipNature of injury fall24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John Lucas, M. D.(Address) Brookfield, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-103

Date Filed FEB 3 1939

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,

Blanche M. Taughklein, or by Dale Bunch.

Registered Apprentice No. 149, working under my personal supervision.

Signed

Blanche M. Taughklein

Licensed Embalmer No. 1909

P. O. Address

Marceline M.

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.