

1939 APR 15 12:50

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

11204
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper
(b) Township Lincoln
(c) City

Registration District No. 410
Primary Registration District No. 5567

Registered No. 8
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 437 Antonie Thiel
Gasper Mo R.R. 1 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 Julius Thiel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1859
7. AGE YEARS 80 MONTHS 2 DAYS 7 IF LESS than 1 day,hrs. ormin.
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. Housekeeping
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) Unknown Germany

FATHER 13. NAME Unknown Kuehl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) W. E. Thiel
Gasper Mo R.R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden City Mo DATE Mar. 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Teeter Bros
Gasper Mo

20. FILED Mar. 25 1939 Clara E. Coarne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. - 24 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1939, to 3-24 1939

I last saw her alive on 3-24 1939. Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Cerebral Arteriosclerosis

Date of onset

Other contributory causes of importance:

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) W. H. Knott, M. D.

855 (Address) Gasper, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-678

Date Filed APR 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,

Chas J. Teeter

or by

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

Signed

Chas J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper Mo

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.