REC'D MAY 16 1939

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

14669
Do not use this space.

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.

**1. PLACE OF DEATH**

(a) County: Cole — Registration District No.: 213

(b) Township: / — Primary Registration District No.: 3014 — Registered No.: 112

(c) City: Jefferson City — (d) Street No.: Saint Mary's 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

6 31

**2. PRINT FULL NAME** Mrs. Hedwig Cortvrient

(a) Residence, No.: Taos, Mo. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Henry Cortvrient

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1903

7. AGE — YEARS: 35 — MONTHS: 11 — DAYS: 11 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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): Taos, Mo.

FATHER

13. NAME: Henry Prenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taos, Mo.

MOTHER

15. MAIDEN NAME: Matilda Bernskoetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taos, Mo.

17. INFORMANT: Henry Cortvrient
(ADDRESS): Taos, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Taos, Mo. DATE: May 4, 1939

19. FUNERAL DIRECTOR (NAME): John F. Heinrichs
(ADDRESS): Jefferson City, Mo.

20. FILED: 5/3/1939 D. Bueschem M.D.
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to May 1st, 1939. I last saw her alive on May 1st, 1939. Death is said to have occurred on the date stated above, at ....m.

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

| | Date of onset |
|---|---|
| Acute nephritis (Glomerular) | |
| Uremia (acute) nephritis | |
| 14 | |

Other contributory causes of importance:
Puerperal state
Perineal injury (Child birth)
Hyperthyroidism

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?

If so, specify:

(Signed) W. A. Rencho, M. D.

(Address) Jeff. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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, John F. Heinrichs, or by

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.**