

MAY 18 1939

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

14797
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington, Mo. Primary Registration District No. 3016
 (c) City Washington, Mo. (d) Street No. St. Francis Hospital Registered No. 49
 (e) Length of residence in city or town where death occurred yrs. mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

163 ROSE KATHARINE DUEBBERT
 (a) Residence, No. Labadie, Mo. St. Labadie, Mo.
 (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. L. Duebbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1872

7. AGE YEARS 66 MONTHS 9 DAYS 15 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) April 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Labadie, Missouri

FATHER 13. NAME George J. Benner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Missouri

MOTHER 15. MAIDEN NAME Wilhelmina Ade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany

17. INFORMANT (ADDRESS) Otto E. Schulz, Labadie, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Labadie, Mo. DATE April 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Velt, Inc, Washington, Mo.

20. FILED Apr. 27 - 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to April 27, 1939
 I last saw her alive on April 27, 1939. Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Build gauged as of heart left foot and leg, of result of aelcete, of later ages

Other contributory causes of importance: Chronic Nephritis, Interstitial Nephritis, Sclerosis

Name of operation Amputation left leg Date of April 20, 1939
 What test confirmed diagnosis Microscopic Was there an autopsy? Yes

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) R. R. Cutler, M. D.
 (Address) Washington, Mo.

Cutler

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.

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, Me

Lester H. Witt

or by _____

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

Signed _____

Lester H. Witt

Licensed Embalmer No. 32154

P. O. Address Washington, Md

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.