Dr. Cutler

MAY 18 1939

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

14802
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township — Primary Registration District No. 3016 — Registered No. 44
(c) City Washington, Mo. — (d) Street No. 11 West 4th St. 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 18 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

545

2. PRINT FULL NAME Catherine Amelung
(a) Residence, No. 11 West Fourth St., Washington, 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): Widowed

5A. ~~IS MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Herman Amelung

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th, 1860

7. AGE: Years 78 — Months 11 — Days 27 — 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. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Krakow (STATE OR COUNTRY) Missouri

FATHER
13. NAME Henry Toben
14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Reuber
16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. William Bocklage (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE April 20, 1939

19. FUNERAL DIRECTOR (NAME) Otto & Co. (ADDRESS) Washington, Mo.

20. FILED Apr. 19, 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to April 17, 1939
I last saw her alive on April 17, 1939. Death is said to have occurred on the date stated above, at 8:35 P.m. 8:35
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Don't know

Other contributory causes of importance:
Chronic Interstitial nephritis and Arteriosclerosis — Date of onset Don't know

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) R. R. Cutler, M. D.
(Address) Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

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

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

Signed.....

Licensed Embalmer No. 7464

P. O. Address Washington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.