

JUL 9 1939

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

Do not use this space.

File No. **23109**
Registered No. **83**
St. _____ Ward _____

1. PLACE OF DEATH *Emmanuel House*
99 County *St. Charles* 3 Registration District No. *757*
Township *St. Charles* 1 Primary Registration District No. *5998*
City _____ (No. *Emmanuel House*)
2. FULL NAME *Mrs. Josephine Hebert*
(a) Residence, No. *Emmanuel House St. Charles Mo.*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *10 yrs. 4 mos. 14 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) *widowed*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 6th 1867*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *X* 11. Total time (years) spent in this occupation *X*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cincinnati Ohio*

13. NAME *Mrs. Aspenleider* 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany* 6

15. MAIDEN NAME *don't know* 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Rev. Theo. Steorker*
(ADDRESS) *St. Charles Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Emmanuel Cemetery* DATE *June 8th 1939*

19. UNDERTAKER *Steinkirker*
(ADDRESS) *St. Charles, Mo.*

20. FILED *6/8 1939* *Clarence F. Hessler*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 6th 1939*
22. I HEREBY CERTIFY, That I attended deceased from *June 1 1939* to *June 6th 1939*
I last saw her alive on *June 6th 1939*. Death is said to have occurred on the date stated above, at *10:35 Am.*
The principal cause of death and related causes of importance were as follows:

Diabetic Coma
54

Other contributory causes of importance:
Diabetes Mellitus
Chs. Interstitial Nephritis

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) *A. J. Schuff* M. D.
St. Charles Mo.
679 (Address) *St. Charles Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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