

REC'D AUG 4 1939

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

25308

Do not use this space.

1. PLACE OF DEATH
(a) County Sevier Registration District No. 1385
(b) Township Egypt Primary Registration District No. 4878
(c) City Northvale (d) Street No. 15 St.
(e) Length of residence in city or town where death occurred yrs. 50 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 43 yr.

2. PRINT FULL NAME Caroline Moentmann
(a) Residence, No. Northvale Mo. St. (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 August Moentmann Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1870

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
69 1 16

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. House Work.
10. Date deceased last worked at this occupation (month and year) Feb 1-1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Charles Onty
Missouri

13. NAME August Biewerner 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
15. MAIDEN NAME Dorothy Biewerner 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Chas. H. Moentmann
(ADDRESS) Northvale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharin DATE July 11 1939

19. FUNERAL DIRECTOR (NAME) John Reich
(ADDRESS) Northvale Mo.

20. FILED July 10 1939 B. C. Cole
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1939 to 7-9-1939
I last saw her alive on 7-8-1939 Death is said to have occurred on the date stated above, at 5 A m.

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

EndocarditicDate of onset
6-3-39

Other contributory causes of importance:

Name of operation ✓ Date of 7-9-39
What test confirmed diagnosis? Buddid 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?
If so, specify _____
(Signed) B. C. Cole, M. D.

(Address) Northvale Mo.



RECEIVED
District Health Officer No. 81
District File Number
Date Filed *3/23/83*

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. _____

P. O. Address _____

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.