

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.

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

25571

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 306
(b) Township Boonville Primary Registration District No. 5424
(c) City Boonville (d) Street No. 1 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ERIEKE BRAKEMEYER

(a) Residence, No. 1 St. Boonville (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14-1873

7. AGE YEARS 65 MONTHS 9 DAYS 04 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
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) Boonville (STATE OR COUNTRY) Mo

13. NAME Fritz Brakemeyer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Lisette Rogge

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

17. INFORMANT Emma Brakemeyer (ADDRESS) Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL St. James Cemetery DATE 7-20-1939

19. FUNERAL DIRECTOR (NAME) W.F. Gattenstrutter (ADDRESS) Owensville Mo

20. FILED 7-19-1939 John Engelbrecht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939

22. I HEREBY CERTIFY that I attended deceased from July 5 1939, to July 18 1939

I last saw her alive on July 17 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Intestinal obstruction Date of onset 89
the cause was not not
ascertained (cancer as) known
possible

Other contributory causes of importance: 127 b

Name of operation Physical Date of no.
What test confirmed diagnosis? Physical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no. Date of injury no.

Where did injury occur? no. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no.
Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify John Engelbrecht M. D.

(Signed) John Engelbrecht (Address) Boonville Mo

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 *me*

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

Signed *W.F. Gottenstroeter*

Licensed Embalmer No. *1444*

P. O. Address *Owensville, 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.