

AUG 10 1939

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

26679
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 760 B
 (b) Township Madison Primary Registration District No. 6001 Registered No. 85
 (c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY KEISER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1852
 7. AGE YEARS 86 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. Housewife
 10. Date deceased last worked at this occupation (month and year) Jan 1935 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Mo
 FATHER 13. NAME John Rouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Dorothy Kabb
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Helen Keiser
Hannover, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walden Spring DATE Aug 2, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) MARRIS MASCHE
HANNOVER, MO
 20. FILED Aug 2, 1939 G. A. Keisler
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939
 22. I HEREBY CERTIFY, that I attended deceased from May 1, 1939, to July 31, 1939
 I last saw her alive on July 28, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1926
ASC
 Other contributory causes of importance:
Pulmonary Emphysema 1927
from chronic cough
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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
 (Signed) G. A. Keisler, M. D.
 (Address) St. Charles, Mo

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.....

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.

DEPARTMENT OF HEALTH - PROFESSIONAL REGULATION DIVISION - BUREAU OF EMBALMERS - STATE OF NEW YORK

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26679
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 76013
 (b) Township Dardennes Primary Registration District No. 6001
 (c) City (d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Keiser

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939

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

22. I HEREBY CERTIFY That I attended deceased from 19... to 19...
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1852

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

7. AGE YEARS MONTHS If LESS than 1 day, hrs. or min.
87 ~~88~~ 7 ~~17~~ ~~27~~

Date of onset

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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

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.

MOTHER 15. MAIDEN NAME

Manner of injury
 Nature of injury

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

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL

If so, specify
 (Signed) J. G. Speeding, M. D.
 (Address) St Charles Mo

PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 13 39 60 Keethly
 Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 PHYSICIAN should state EARLY. PHYSICIAN should state.

S 26679

1939