

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

32024
Do not use this space.

REGD OCT 27 1939

1. PLACE OF DEATH

(a) County Callaway ³ Registration District No. 104
 (b) Township 1 Primary Registration District No. 3008
 or City Fulton (d) Street No. State Hosp #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. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1310 W. High St., Jefferson City, Mo (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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DK.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 (approx) DK DK DK
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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
Patent Miller
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo
13. NAME DK.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK.
MOTHER
15. MAIDEN NAME Annie Paeschel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria
17. INFORMANT (ADDRESS) State Hosp #1, Fulton Mo
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jefferson City, Mo DATE 9/18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John J. Henrich, Jefferson City, Mo
20. FILED 9/18/39 R. N. Crews
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939
 , 1939, to Sept 16, 1939
 I last saw him alive on Sept 10, 1939 Death is said to have occurred on the date stated above, at 8:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis
 Other contributory causes of importance:
Malnutrition
Dehydration
Emphysema
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Examination 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 _____, 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 No. F. Wood
 (Signed) _____, M. D.
 (Address) State Hosp #1, Fulton 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.....

John J. Hirsch

Licensed Embalmer No.....

3655

P. O. Address.....

Jefferson City, 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.