

STANDARD CERTIFICATE OF DEATH

State File No. 40729

Registration District No. 780

Primary Registration District No. 6025

Registrar's No. 44

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
 (b) City or town RURAL  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community WHOLE LIFE  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME THERESA BRISCHLE 624

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife GNATIVE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JAN 22 1854  
 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WEINGARTEN MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name MAJOR J. HOLLAN MILLER

18. Birthplace UNKNOWN NEW JERSEY  
 (City, town, or county) (State or foreign country)

14. Maiden name C. FRISCH

15. Birthplace UNKNOWN GERMANY  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature August Brischle  
 (b) Address Weingarten Mo

17. (a) BURIAL (b) Date thereof Nov 27 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEINGARTEN MO

18. (a) Signature of funeral director H. C. Basler  
 (b) Address St. Genevieve Mo 711

19. (a) Nov 28 1939 (b) T. W. Douglas  
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 24  
 year 1939 hour 6:15 minute 0 P. M.  
 21. I hereby certify that I attended the deceased from Oct 15  
1939 to Nov 24 1939  
 that I last saw h. her alive on Nov 23 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Thigh  
 Due to Fall  
 Due to \_\_\_\_\_

Duration 39 days

Other conditions arterio-sclerosis  
 (Includes pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accidental fall  
 (b) Date of occurrence Oct 14-39  
 (c) Where did injury occur? Her home  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On her home

While at work? no (Specify type of place)  
 (e) Means of injury Fall

23. Signature Robert M. Lanning (M. D. or other)  
 Address St. Genevieve Mo Date signed 11/25/39

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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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.....

L. C. Basler....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. C. Basler.....

Licensed Embalmer No. 1985

P. O. Address St. Genevieve 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.**