

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6572

Registration District No. 2331

Primary Registration District No. 302

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bland R.R. # Clay (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community entire life years, months or days

3. (a) PRINT FULL NAME Helen Mary Czeschin 250

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August Czeschin 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 8 1863 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Gasconade Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles F Pope

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Katermann

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

16. (a) Informant August Czeschin

(b) Address Bland - Mo. R.R. #

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Old Bland

18. (a) Signature of funeral director Jagomeyer & Mureau

(b) Address Owensville, Mo.

19. (a) 2-13-40 (b) Ed Burger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1940 hour 11 minute 30 PM

21. I hereby certify that I attended the deceased from Feb 10 1940 to Feb 12 1940 that I last saw him alive on Feb. 12 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension Duration 9 yrs.

Due to Myocardial Degeneration 3mo.

Other conditions (Include 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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

273 While at work? _____ (Specify type of place) (e) Means of injury _____
Signature B. H. Schuchardt, M.D. Address Bland, Mo. Date signed 2/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Chester Lassmann....., Registered Apprentice No. 216
working under my personal supervision.

Signed

Robert M Murray

Licensed Embalmer No. 3748

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.