

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**

21704

Do not use this space.

1. PLACE OF DEATH

(a) County GasconadeRegistration District No. 303(b) Township 0Primary Registration District No. 4182(c) City Hermann(d) Street No. 1

Registered No. _____

(e) Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

ELIZABETH JOSEPHA ELSENRAAT(a) Residence, No. Hermann, Missouri St. 0

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJos. Elsenraat6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.61218

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.Hwf9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 6/10/4011. Total time (years)
spent in this
occupation 40

12. BIRTHPLACE (CITY OR TOWN)

Rhineland

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Bernard Bucker

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME Mary Daller

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

HermannMissouri

17. INFORMANT

(ADDRESS)

Jos. ElsenraatHermann, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. George's Cem DATE 6/24/40

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Hugo H. BlumerHermann, MO

20. FILED

6-241940Anna R. Rickhoff

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-1940

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1 - 1939, to June, 1940I last saw her alive on June 21, 1940. Death is saidto have occurred on the date stated above, at 9:00 a.m.

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

Mitral Insufficiency

Date of onset

Other contributory causes of importance: 92NName of operation C Date of CWhat test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? C Date of injury C, 1940Where did injury occur? C

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury CNature of injury C24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Standard Workman, M. D.(Signed) Standard Workman, M. D.(Address) Hermann 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.....

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

Signed.....

Gregor Blinner

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.