

FILED APR 21 1941

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

11338

Do not use this space.

1. PLACE OF DEATH

(a) County Maries Registration District No. 5411
 (b) Township Jefferson Primary Registration District No. 5720 Registered No. 82
 (c) City Jefferson (d) Street No. _____
 (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 Mrs. Minna Krenning

(a) Residence, No. 1 St. 0 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1874.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Summerfield, Mo.
 (STATE OR COUNTRY)

13. NAME Fritz Stuhlmacher
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

15. MAIDEN NAME Freiderika Rohde
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT C. E. Stuhlmacher
 (ADDRESS) Summerfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jennings, Mo. DATE Feb. 27, 1941.

19. FUNERAL DIRECTOR S. G. Lickliger
 (ADDRESS) Belle, Mo.

20. FILED Apr 16 1941 John Lenora Johnson
 (Address) Belle, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1941.

22. I HEREBY CERTIFY, That I attended deceased, from

Feb. 24, 1941, 1941I last saw him on Feb. 24, 1941. Death is saidto have occurred on the date stated above, at 8:45 a.m.

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

Coronary Thrombosis Date of onset 2/24/41Other contributory causes of importance: 94 W

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 _____, 1941

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 _____

(Signed) Dr. B. E. Johnson(Address) Belle, 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.

JUL 12 1941

STATEMENT BY LICENSED EMBALMER

I, S. G. Luckie, Licensed Embalmer No. 3359

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

S. G. Luckie

Licensed Embalmer No. 3359

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.)