

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14313

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Feb 28, 1933 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26
(c) City or town Jeff City 5
(If outside city or town limits, write "RURAL")
(d) Street No. St. Marys Hosp. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 2 1941 to Apr 8 1941;
that I last saw her alive on Apr 8 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration 5 days

Due to _____
Due to _____ 106

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. D. Taylor M.D. (M.D. or other) D
Address Jefferson City Mo Date signed 4/8/41

3. (a) PRINT FULL NAME Catherine Neirecke
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Neirecke 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year) 1871

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Benj. Melis

(b) Address Roseltown, Mo

17. (a) Burial (b) Date thereof 4-8-41 (Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Roseltown, Mo

18. (a) Signature of funeral director E. M. ...

(b) Address Mo

19. (a) 4-8-41 (b) ... (Date received local registrar) _____ (Registrar's signature)

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

MOTHER FATHER

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.....

Verian Norton

Licensed Embalmer No.....

4125

P. O. Address.....

Linn

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, fact should be so stated above.