

No. 2
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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14336

Dr. Stewart

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 313 East Ashley Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 85 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 313 East Ashley Street 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 85 years

3. (a) PRINT FULL NAME Mrs. Sophia Katzer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph Katzer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 26 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>2</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George J. Schmidt

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ellig

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Katzer

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jefferson City, Missouri

19. (a) 4-12-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month twelfth day April
year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from April 9th.
1941 to April 12th. 1941
that I last saw her alive on April 11th. 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma

Due to Acute Myocarditis

Due to _____

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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?
_____ While at work? _____ (Specify type of place)
_____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.
Address Jefferson City, Mo. Date signed 4/12/41

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

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.....

....., Registered Apprentice No.

.....
working under my personal supervision.

Signed

Thoy J. Gordon

Licensed Embalmer No. *1986*

P. O. Address

Jefferson City 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, fact should be so stated above.