

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17771 10²⁵ PM
State File No.

Registration District No. 306

Primary Registration District No. 5424

Registrar's No. 3

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town BOEUF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RESIDENCE
(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 BERTHA ALBERSWERTH

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Edw 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 11 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 2 0 hr. min.

9. Birthplace SENATE GROVE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE

MOTHER FATHER { 12. Name CHRIST MEYER
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 Mr. Edw Alberswerth
(b) Address R.F.D. Hermann, Mo

17. (a) Burial (b) Date thereof May 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STONYHILL, MO

18. (a) Signature of funeral director HERMAN BLUMER
(b) Address BERGER, MO.

19. (a) May 21-1941 (b) John Engelbrecht
(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. R.F.D. Hermann, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1941 hour 10:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 14 - 1941 to May 20 - 1941;
that I last saw her alive on May 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations _____
Of autopsy - none

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? _____

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

23. Signature John Engelbrecht (M. D. or other) _____
Address Stony Hill, Mo. Date signed 5-22-41

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 Herman Blumer.....
Licensed Embalmer No. 528.....
P. O. Address BERGER, N.Y......

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.