No. 2
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20137
Registrar's No. 4949

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Ill 999
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BONITA MITSDARFFER

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 20 (Day) 1913 (Year)

8. AGE: Years 28 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Bidgeway (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William Mitsdarffer
13. Birthplace Reading (City, town, or county) / Penn. (State or foreign country)

MOTHER
14. Maiden name Ida Neumann
15. Birthplace Evaneville (City, town, or county) / Indiana (State or foreign country)

16. (a) Informant Mrs. Ida Mitsdarffer
(b) Address Harrisburg, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/16/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgeway, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 16 1941 (Date received local registrar) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 11 minute 18 A.M.

21. I hereby certify that I attended the deceased from April 29, 1941 to June 14 1941; that I last saw her alive on June 14 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart & bacterial endocarditis — Duration

Due to Strep. viridans, subacute bacterial endocarditis

Due to

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 H. Bradley (M.D.) BARNES HOSPITAL
Address Date signed 6/14/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis 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.