

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21942

FILED JUL 18 1941

Registration District No. 27

Primary Registration District No. 5-5-75

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural
(c) Name of hospital or institution: 1 Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution see of his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME HERMAN H. ACHTER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christina 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 13th 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Pevely mo 0 mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Achter
13. Birthplace Germany
14. Maiden name Katharina Achter
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Christina Achter
(b) Address _____

17. (a) _____ (b) Date thereof June 12-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burgess Cemetery

18. (a) Signature of funeral director Heiligtag Funeral Home

(b) Address Kimmswick Mo. R.R. #2

19. (a) 6/14/41 (b) J. E. Rutledge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1941 hour 6 P.M. minute 45 M.

21. I hereby certify that I attended the deceased from Aug. 1939 to June 9th 1941
that I last saw him alive on June 9th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 2 wks

Due to Diabetes Mellitus sym

Due to Hypertension

Other conditions Pneumonia Terminal
(Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy No
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) (e) Means of injury _____

23. Signature Ottmar J. Sum (M. D. or other) MD
Address Bernhardt mo Date signed 6/11/41

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 _____

Licensed Embalmer No. 3150

P. O. Address Kennett Mo PR

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21942
Registrar's No. 42

Registration District No. 421

Primary Registration District No. 5575

1. PLACE OF DEATH:

- (a) County Jefferson
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Herman H. Achter

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Christina Achter

- (b) Address Levely, Mo

17. (a) Burial (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 6/14/41 (b) J. E. Rutledge, Jr. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County Jefferson
(c) City or town Rural (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

- Due to _____

- 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? _____

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

- Signature _____ (M. D. or other) _____

- Address _____ Date signed _____

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

SUPPLEMENTAL

