No. 2

159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25024

Registration District No. 293 Primary Registration District No. 5416 Registrar's No.

36
0
0

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

1. PLACE OF DEATH:

(a) County FRANKLIN-

(b) City or town CATAWISSA Calvary A
(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 11-YRS-1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 036

(a) State (b) County 0

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

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JULIA-KIRCHER-

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 WIDOWED

6. (b) Name of husband or wife JOHN-H-KIRCHER

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

7. Birth date of deceased AUG. (Month) 13 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	2	✓ hr. ✓ min.

9. Birthplace ST. LOUIS- (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE-WIFE

11. Industry or business ✓

FATHER
12. Name HENRY-DEDDE
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY-HOLTGREVE
15. Birthplace ✓ (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant John H. Kircher
(b) Address CATAWISSA- MO.

17. (a) ST. LOUIS-MO (Burial, cremation, or removal) (b) Date thereof JUNE 18-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY-CEMETERY

18. (a) Signature of funeral director B. Schuer
(b) Address Catawissa MO

19. (a) 6-17-41 (Date received local registrar) (b) Mary B. Gross (Registrar's signature)

266

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day June year 1941 hour 2:30 minute M.

21. I hereby certify that I attended the deceased from May 10-41, 19, to June 15, 1941 that I last saw her alive on June 12, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Mitral Stenosis	
Due to	
Due to 92	
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 W. S. Stemker (M. D. or other) (1)
Address Pacific Mo Date signed

(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 John Keller

Licensed Embalmer No. 3880

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
10M—8-21-41
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State File No. 25024

Registration District No. 293 Primary Registration District No. 5416 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Cantawissa
(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 years, months or days)
In this community: 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Catawissa
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Julia Kircher
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: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug (Month) 13 (Day) 186 (Year)

8. AGE: Years 79 Months 10 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name (FATHER)
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (MOTHER)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 6-17-41 (Date received local registrar) (b) Mary B. Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-25024