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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25038

FILED AUG 25 1941

Registration District No. 297 Primary Registration District No. 3016 Registrar's No.

36
6
2

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 18 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington (If outside city or town limits, write "RURAL") 036

(d) Street No. 603 Jefferson St., (If rural, give location) 6 3

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME AUGUSTA WILEMINA KORMEYER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 1 | 5. Color or race White 10-16-40 | 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband ~~or wife~~ GEORGE F. KORMEYER

6. (c) Age of husband ~~or wife~~ if alive 59 years

7. Birth date of deceased Oct. (Month) 12 (Day) 1883 (Year)

8. AGE: Years 57 | Months 8 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Port Hudson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Fred Suedmeyer 4
13. Birthplace Unknown, (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilemina Meyer 4
15. Birthplace Unknown, (City, town, or county) Germany (State or foreign country)

16. (a) Informant George F. Kormeyer

(b) Address Washington, Mo.

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

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.

(b) Address Washington, Mo. by L. H. Vitt

19. (a) July 12-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1941 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10-16-40 ....., 19....., to 7-8-41, 19.....; that I last saw her alive on 7-8-41, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	9½ Mon.
Due to	
Due to 130	
Other conditions Acute Brights Disease; 7 days (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 B. E. Mankopf (M.D. or other)

Address Washington Mo. Date signed 7/18/41

(Licensed Embalmer's Statement on Reverse Side) Dr B. E. Mankopf

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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

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