

Rev. 5-17-39
1 X1951

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28252
State File No. _____
Registrar's No. 74

Registration District No. 297

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington, Mo.
(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 15 days (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town Matson (If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years

3. (a) PRINT FULL NAME Terre, Caroline Ida

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

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

6. (b) Name of husband or wife David C. Terre 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 4 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name John Henry Menzinger

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

14. Maiden name Elizabeth Mitterdorf

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

16. (a) Informant's own signature David C. Terre

(b) Address Matson, Mo.

17. (a) Burial (b) Date thereof Aug. 5 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta, Mo. Augusta Lutheran Cemetery

18. (a) Signature of funeral director Shelving & Munchaus

(b) Address New Melle, Augusta, Mo.

19. (a) Aug. 4 - 1941 (b) H.H. Mau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1941 hour 1 5 minute 22 P M.

21. I hereby certify that I attended the deceased from June 24, 1941, to Aug 2, 1941, that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic Duration 6 Mo
9 2 1/2
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)
(a) M. D. or other _____
23. Signature Frank J. Mau (M. D. or other) _____
Address 311 W. 4th, Washington, Mo. Date signed 8-4-41

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 Mavis Marshong

Licensed Embalmer No. 24610

P. O. Address Newville

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.