DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31233

Registration District No. 1152 Primary Registration District No. 51766 Registrar's No. 51765

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Friedheim Mo. [illegible]
(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 81 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Friedheim Mo. 16
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 81 Years years.

3. (a) PRINT FULL NAME Anna Maria Kaiser

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henery Kaiser

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

7. Birth date of deceased April (Month) 9 (Day) 1850 (Year)

8. AGE: Years 90 Months 11 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

MOTHER FATHER
12. Name Fritz Brickhaus
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Hanna Zoellner
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John Huser
(b) Address Friedheim Mo.

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

(c) Place: burial or cremation Friedheim Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 3/15/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1941 hour 5 minute A M.

21. I hereby certify that I attended the deceased from March 10th, 1941 to March 14, 1941 that I last saw her alive on March 14th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza of bowels Severity — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162 P

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 R D Blaylock (M. D. ~~or other~~) 0

Address Oak Ridge Mo Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side)

PERMIT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 2138

P. O. Address Perryville

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

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