

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31385**

Dr. Leslie
Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **280**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1016 Fairmount Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 12 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No 1016 Fairmount Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Hertlein Hirst

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 Widow
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased March 24 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 8 hr. min

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name John Hertlein
13. Birthplace Bavaria, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Heinlein
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant apparent
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warsaw, Illinois

18. (a) Signature of funeral director Thorpe J. Gordon

(b) Address Jefferson City, Missouri

19. (a) Oct 3-1941 (b) Normal Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Oct 1st
..... 1941 to Oct 2 1941;
that I last saw her alive on Oct 2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Senility

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 J. Leslie (M.D. or other)

Address Jeff. City Mo Date signed 10-3-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Ferd P. Deule*

Licensed Embalmer No. 3890

P. O. Address Jeff City

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

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