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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1941

Registration District No. 306

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5424

State File No. 31531

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Rural *Gasconade, Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boeuf Twp. Gasconade, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: 58 years In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade ³⁷

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL") ⁰

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

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

3. (a) PRINT FULL NAME Louisa Suenkel

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Simon Suenkel

6. (c) Age of husband 83 years if alive

7. Birth date of deceased: July 3 1862
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>79</u> | <u>2</u> | <u>3</u> | _____hr. _____min. |

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name William Pollmann

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

14. Maiden name Frediecke Koester

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

16. (a) Informant A. B. Suenkel

(b) Address Hermann, Mo.

17. (a) Burial (b) Date thereof Sept. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drake, Missouri

18. (a) Signature of funeral director W.F. Gottenrater

(b) Address Owansville, Mo.

19. (a) Sept. 7, 41 (b) John Engdrecht
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 6
year 1941 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 1, 1940, to September 6, 1941;
that I last saw her alive on August 28th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral heart disease

Due to _____

Due to _____

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

Major findings: No operation

Of operations _____

Of autopsy No autopsy

Duration _____

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 John Engdrecht (M. D. or other) _____

Address Stony Hill, Mo. Date signed 9/8/41

WRITE PLAINLY—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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W.F. Gettenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville, Mo

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.