

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14667

State File No. _____

FILED MAY 20 1942

Registration District No. _____

Primary Registration District No. 5575A

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal city mo
(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 3 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1942 hour 4 minute 0 M.
21. I hereby certify that I attended the deceased from June 6,
1942 to April 2, 1942.
that I last saw his alive on April 2 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis Duration _____

3. (a) PRINT FULL NAME Marie Boxdorfer
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 Albert Boxdorfer 6. (c) Age of husband or wife live years _____
7. Birth date of deceased May 24 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Perry county mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

11. Industry or business _____
12. Name Ed Rodewald
13. Birthplace Perry county mo
(City, town, or county) (State or foreign country)
14. Maiden name Christine Sandler
15. Birthplace Perry county mo
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Boxdorfer
(b) Address Crystal city mo
17. (a) Burial (b) Date thereof 4-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Perryville mo
18. (a) Signature of general director Young & Sons
(b) Address Perryville mo
19. (a) 4-6-42 (b) H. E. Ober
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Bertelme Rodewald M.D. or other) _____
Address Foster, mo Date signed 4-6-42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.