V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

15148
State File No.

Registration District No. 6069 Primary Registration District No. 5878 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Perry
(b) City or town 'Rural' Union Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Biehle Route #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Biehle, Mo. RR.#1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Cecelia Triller
3. (b) If veteran, name war No.
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 John Triller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 19, 1874 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 6 | 27 | hr. min. |

9. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House wife.
11. Industry or business

FATHER
12. Name Hugo Blechle
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Anselm
15. Birthplace Perry County. (City, town, or county) (State or foreign country)

16. (a) Informant Hugo Triller
(b) Address Biehle, Mo. Rt.#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Schnurbusch, Mo.
18. (a) Signature of funeral director Berg Funeral Home
(b) Address Perryville, Mo.
19. (a) 4-18-42 (Date received local registrar) (b) W. F. Krenning (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from Oct 27 1942, 19 to Apr 13, 1942, that I last saw her alive on Apr 5, 1942; and that death occurred on the date and hour stated above.

| Duration |
|---|
| |

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. Graham D.O. (M. D. or other)
Address Perryville, Mo. Date signed

1115 (Licensed Embalmer's Statement on Reverse Side)

...VED
District Health Officer No. 4
District File Number 542-61
Date Filed 5-14-42

## 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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, 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, fact should be so stated above.**