

FILED JUN 11 1942
94

Primary Registration District No. **4050**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Braymer, 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 7 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED: **59**
 (a) State Missouri (b) County Livingston
 (c) City or town Ludlow
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Minnie Sturwaldt
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 16th
 year 1942 hour 8 minute 00 p. m.

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widow
 (b) Name of husband or wife William Sturwaldt
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 22 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 31 1942 to May 15 1942
 that I last saw her alive on May 15 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death Chronic myocarditis
 Duration 2 years?

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Due to _____
 Due to _____
 Other conditions g3 d
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Isaac Denker
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Maack
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy none held.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Fred Layton
 (b) Address Braymer, Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Monroe Center

(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? _____

18. (a) Signature of funeral director Richard J. Mead
 (b) Address Braymer, Missouri
 19. (a) 5-17-1942 (b) E. A. Thompson
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
 23. Signature Geo. S. Duwell (M. D. or other) _____
 Address Braymer Mo Date signed May 16 1942

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

13
0
0

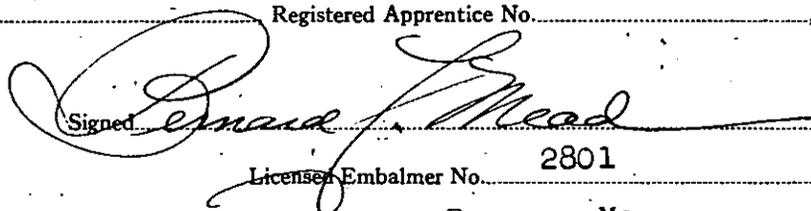
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No.....

Signed 

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.