S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 17785

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE WEEK (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26

(c) City or town JEFFERSON CITY, MO. 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1130 ST. MARY'S BVLD. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. BARBARA DISTLER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE C

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife CHARLES DISTLER

6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased OCTOBER 28, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	20	hr. min.

9. Birthplace COLE COUNTY, MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN ANTWEILER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH BIET
15. Birthplace COLE COUNTY, MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOHN BEMBOOM
(b) Address TEBETTS, MO.

17. (a) BURIAL (b) Date thereof 5/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director John T. Heinz
(b) Address JEFFERSON CITY, MO.

19. (a) 5-20-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18
year 1942 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 18, 1942, to May 18, 1942
that I last saw her alive on May 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration

Due to Fecal impaction

Due to Megacolon

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Enormous dilation of colon packed solid c̄ feces.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 J. A. Ossman (M. D. or other) MD
Address 234 Madison Date signed 5.20.42

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(Licensed Embalmer's Statement on Reverse Side)

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. 3655

P. O. Address Jefferson City, 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.