

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21156**

FILED JUL 23 1942 306

Registration District No. _____

Primary Registration District No. **5424**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town BOEUF

(c) Name of hospital or institution Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED,

(a) State Mo. (b) County GASCONADE **37**

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 years **0** years.

3. (a) PRINT FULL NAME CHRISTOPH F. TRAUB

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1942 hour 6 minute 45 P.M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 11 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1942 to July 1 1942
that I last saw him alive on July 1 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months ✓ Days 21 If less than one day
hr. _____ min.

Immediate cause of death Acute Bronchitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1060

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name John Traub

13. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Leibfard

15. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Wm Traub

(b) Address Herrmann Mo R7D

17. (a) Burial (b) Date thereof July 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James Evan Cemetery

18. (a) Signature of funeral director Norman Blumer

(b) Address Bergau Mo

19. (a) July 2, 1942 (b) Mo. J. B. Meyer
(Date received local registrar) (Registrar's signature)

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 Engelbrecht (M. D. or other) _____

Address Stangl Hill, Mo. Date signed 7-2-42

1202 (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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Burger, 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.