V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X20484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 28 1942

Inloe

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30161

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 209

26
5
4

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: 812 W High St 1 (If not in hospital or institution, write street number or location)

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

In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole

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

(d) Street No. 812 W High St 1 (If rural, give location)

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

If yes, name country

26
5
4

3. (a) PRINT FULL NAME Mrs Elizabeth Herchenroeder

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Oct (Month) 14 (Day) 1876 (Year)

8. AGE: Years 65 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Russellville Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Andrew Fleagel
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Anna Korschner
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Katherine Fleagel

(b) Address Russellville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem

18. (a) Signature of funeral director Thorpe J Gordon

(b) Address Jefferson City Mo

19. (a) 9-8-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6 year 42 hour 8 minute 30a M.

21. I hereby certify that I attended the deceased from 8/24, 1942 to 9/6/42, 19 that I last saw her alive on 9/6/42, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	13 days
Due to Arteriosclerosis	unknown
Due to Hypertension	unknown
Other conditions (Include pregnancy within 3 months of death)	

830

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 David Cyrol (M. D. or other)

Address Jefferson City Mo Date signed 9/9/42

894 (Licensed Embalmer's Statement on Reverse Side)

SEP 28 1942

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 Ford P Dille

Licensed Embalmer No. 3890

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.