

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31617

FILED SEP 21 1942 63

Registration District No. 884

Primary Registration District No. 6176 6236

State File No. \_\_\_\_\_

Registrar's No. 116

1. PLACE OF DEATH:

(a) County... Warren  
(b) City or town... Holstein Charrette sup  
(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... life (Specify whether in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Warren 109  
(c) City or town... Holstein  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME... Pauline C. Huenefeld

3. (b) If veteran, name war... 3. (c) Social Security No. \_\_\_\_\_

4. Sex... female 5. Color or race... white 6. (a) Single, widowed, married, divorced... single

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

7. Birth date of deceased... Feb. 2, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation... at home

11. Industry or business... \_\_\_\_\_

12. Name... Fritz Huenefeld

13. Birthplace... Warren County, Mo. 1 (City, town, or county) (State or foreign country)

14. Maiden name... Anna Wapheide (City, town, or county) (State or foreign country)

15. Birthplace... Warren County, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant... Frank Huenefeld

(b) Address... Holstein, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 8-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation... Holstein, Mo.

18. (a) Signature of funeral director... W. W. Nisburg & Co.

(b) Address... Warrenton, Mo.

19. (a) Aug. 6, 1942 (b) Ethel Rehr (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... August day... 4 year... 1942 hour... 1 minute... 25 P.M.

21. I hereby certify that I attended the deceased from... October 26 to... Aug 4 1942 that I last saw him... alive on... Aug. 4 1942 and that death occurred on the date and hour stated above.

Immediate cause of death... acute myocarditis Duration 1 day  
Due to... chronic myocarditis 1936  
Due to... Diabetes Mellitus 1936

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

Major findings: 61  
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? \_\_\_\_\_

While at work... (Specify type of place) (e) Means of injury...  
23. Signature... H. Schuyler (M.D. or other) Address... Meert has ville Mo. Date signed... Aug 6 42

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

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