

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41082

Do not use this space.

1. PLACE OF DEATH

58(a) County Jefferson Registration District No. 160
 1(b) Township Joachim Primary Registration District No. 559.2 50
 0(c) City Festus (d) Street No. 1 Registered No. 89
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Etta Ardenreith

(a) Residence, No. Valentine St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Ardenreith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 8 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Graniteville
 (STATE OR COUNTRY) Missouri

13. NAME George Duren

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) "

15. MAIDEN NAME Nancy Jane Link

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) "

17. INFORMANT August Ardenreith
 (ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum DATE 12--2- 1942

19. FUNERAL DIRECTOR (NAME) Fink Und. Co.
 (ADDRESS) Festus, Mo.

20. FILED 12-2 1942 W. P. Ardenreith
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1942, to Nov. 29, 1942

I last saw her alive on Nov. 27, 1942. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation & failure
Due to Rheumatism

Other contributory causes of importance: 95cName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Cardiac Dilatation & failure(Signed) W. P. Ardenreith, M. D.(Address) Herculaneum, Mo.

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. _____

P. O. Address _____

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, above space should be left blank.