WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space 7967

MAR 11 [illegible]

1. PLACE OF DEATH

County Warren — Registration District No. 362 — File No.

Township Elkhown — Primary Registration District No. 4531 — Registered No. 8

City Warrenton (No. , St. Ward)

2. FULL NAME Fredericka Rettich

(a) Residence, No. // St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Rettich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 8, 1860

7. AGE: YEARS 82 — MONTHS 6 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY): Wnettenberg, Germany 4

FATHER
13. NAME: Karl Beurle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

MOTHER
15. MAIDEN NAME: Barbara Beurle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 4

17. INFORMANT (ADDRESS): Mrs. Dora Meyer, Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton, Mo. DATE 2-16-43, 19

19. UNDERTAKER (ADDRESS): F. Wiebing & Co., Warrenton, Mo.

20. FILED Feb 22, 1943 John A. Bebermeyer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 15, 1943

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th, 1943, to Feb 15th, 1943

I last saw her alive on Feb 15, 1943. Death is said to have occurred on the date stated above, at 9 A.m.

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

Broncho Pneumonia — Date of onset Feb 10, 43

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Other contributory causes of importance: Senility

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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?

If so, specify

(Signed) John H. Dyer, M. D.

(Address) Warrenton, Mo.

I hereby certify that this body was embalmed by me.

John Huehing

Missouri License No. 3897