

FILED APR 14 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10176  
Registrar's No. 20

Registration District No. 116

Primary Registration District No. 3020

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

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town WASHINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. FRANCIS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County FRANKLIN  
(c) City or town BOLES  
(If outside city or town limits, write "RURAL.")  
(d) Street No. P.O. ADDRESS - LABADIE, Mo. - R#1.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUSTA McDANIEL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife GUSTAVE McDANIEL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. September 1 1890  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER

12. Name LOUIS HARTUNG  
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)  
14. Maiden name Hermine Rupp  
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant May McDaniel  
(b) Address Labadie Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Mo.

18. (a) Signature of funeral director Schradt Bros.  
(b) Address Bellefontaine, Mo.

19. (a) March 7, 1943 (Date received local registrar) (b) Lucille Ruetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1943 hour 7:55 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10 1942, to March 6 1943  
that I last saw her alive on March 6 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease  
Duration 10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury O

23. Signature B. N. Stehman (M. D. or other) M.D.

Address Union, Mo. Date signed 3-8-43

**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

*Theo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Ballwin 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.**