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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10194

FILED APR 14 1943

Registration District No. 117

Primary Registration District No. 543.5

Registrar's No.

1. PLACE OF DEATH:

(a) County. Gasconade

(b) City or town. Rural-Boeuf

(c) Name of hospital or institution: Her Residence

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. entire life

In this community. entire life

(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARIE BIEBER

3. (b) If veteran, name war. No

3. (c) Social Security No. None

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

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

7. Birth date of deceased Feb. 13 1858

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 -0- 27 hr. min.

9. Birthplace unknown Germany

(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business housekeeping

12. Name Joseph Mahner

13. Birthplace Unknown Germany

(City, town, or county) (State or foreign country)

14. Maiden name Annie Marie Schillenaumer

15. Birthplace unknown Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Bieber

(b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof Mar. 13, 43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Catholic Cem

18. (a) Signature of funeral director Bergman Blum

(b) Address Bergman Blum

19. (a) Mar. 12, 1943 (b) Mrs. F. B. Meyer

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 37

(a) State Missouri (b) County Gasconade

(c) City or town Rural

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

(d) Street No. 12 miles south of Hermann, Mo

(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10

year 11943 hour 2 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 8 1938 to Mar. 10 1943

that I last saw her alive on March 9 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cyclic tumor on left side of abdomen

Due to Anterior blood

Due to

Other conditions. 562

(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations none

Of autopsy none

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 0

23. Signature John Engelbrecht (M. D. or other)

Address Shang Phillips Date signed 3-11-43

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.....

Hugo H. Blum
Licensed Embalmer No. 3160

P. O. Address Hermann, 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.