

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 20

Registration District No. 162

Primary Registration District No. 5595

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

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Barnhart Rural Rock Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Antonio Road, Barnhart, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Barnhart Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Antonio Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Maria Anna Hairer

3. (b) If veteran, name war None 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 Ehrenreich Hairer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 16 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Wille

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Hairer

(b) Address Barnhart, Mo.

17. (a) Burial (b) Date thereof May 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 5/24/43 (b) [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 26 1943 to May 23 1943
that I last saw her alive on May 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration ?

Due to _____

Due to _____

Other conditions 13 PL
(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)
(e) Means of injury _____

23. Signature Othmar J. Sum M.D.

Address Barnhart Mo Date signed 5/24/43

JUL 8 - 1943

Dr. Litten

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.....

Linus C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Linus C. Hoffmeister.....
Licensed Embalmer No. 3871

P. O. Address..... 7814 S. Broadway

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.