S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24866

Registration District No. 1946 — Primary Registration District No. 3020 — Registrar's No. 59

36
6
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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 12 days. (Specify whether In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town New Haven, "Rural" (If outside city or town limits, write "RURAL")

(d) Street No. R. #2, (If rural, give location)

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

If yes, name country x

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0

3. (a) PRINT FULL NAME Caroline Althen.

3. (b) Veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles J. Althen.

6. (c) Age of husband if alive deceased years

7. Birth date of deceased May (Month) 12th, (Day) 1874. (Year)

8. AGE: Years 69 Months 2 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name Jacob Unger.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

16. (a) Informant Ernst Althen

(b) Address New Haven, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 21, 1943. (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.

(b) Address Washington, Mo.

19. (a) July 20-43 (Date received local registrar) (b) Fred J. Ruether Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th, year 1943 hour 7:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 7, 1943 to July 18, 1943 that I last saw her alive on July 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangreen left foot — Duration 19 days

Due to Diabetes Mellitus & Chronic Nephritis Interstitial — Dont know

Due to

Other conditions none to my knowledge (Include pregnancy within 3 months of death)

Major findings: Of operations no surgery

Of autopsy no 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Cutler (M. D.)

Address Washington Mo. Date signed 7-19-43

(Licensed Embalmer's Statement on Reverse Side)

1181

AUG 11 1943

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~~ .....

Lester H. Vitt, Registered Apprentice No. .....,

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.