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S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25776

FILED AUG 5 1943
Registration District No. 278

Primary Registration District No. 3054

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Name
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

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

(d) Street No. 515 So 5th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Louise Brown

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 12, year 1943 hour 6 minute 15 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Rest Brown

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: Dec 24 - 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Several Months to June 12 1943 that I last saw her alive on June 11 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death: Cerebral hemorrhage of vessels

Due to _____

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

Other conditions: wine
(Includes pregnancy within 3 months of death)

Due to _____

10. Usual occupation: Housewife

11. Industry or business: Home

Major findings: none

Of operations: none

Of autopsy: none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Jacob Fritz

13. Birthplace Germany

14. Maiden name Mary Catharine Wilbridge

15. Birthplace Germany

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None

(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? _____

16. (a) Informant Rest Brown

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14-43
(Month) (Day) (Year)

(c) Place: burial or cremation Divineview Cemetery

23. Signature: [Signature] (Specify type of place) _____
(M. D. or P. M.)

Address: Louisiana Mo Date signed: 6/14/43

18. (a) Signature of funeral director: [Signature]

(b) Address: Louisiana Mo

19. (a) 6/12/43 (Date received local registrar) (b) [Signature] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 8-43-1215

Date Filed AUG 3 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

George O. Wagner

Registered Apprentice No.

working under my personal supervision.

Signed

George O. Wagner

Licensed Embalmer No.

3773

P. O. Address

Louisiana, La.

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.