V. S. No. 2
50M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

43274

State File No.

Registration District No. 274 Primary Registration District No. 5931 Registrar's No. 403

**1. PLACE OF DEATH:**

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 83 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 80 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Lake Creek Twp
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Magdalena Bruehl

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 1 white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Ferdinand Bruehl

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

7. Birth date of deceased Feb (Month) 8 (Day) 1861 (Year)

8. AGE: Years 82 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Bahner Pettis Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Klein
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant August Rausch
(b) Address Mora Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bahner Smithton Mo

18. (a) Signature of funeral director A. F. Newinger
(b) Address Smithton Mo

19. (a) 12-26-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 25 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Past two months, 19 , to 12-19-1943 that I last saw her alive on 12-19-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senile dementia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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 E. E. Holtzin MD (M. D. or other)

Address Smithton Mo Date signed 1/16/43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-2-44

## 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 A. F. Kemmerer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.**