

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7123

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 80

1. PLACE OF DEATH:

(a) County GASCONADE  
(b) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ENTIRE LIFE years, months or days

3. (a) PRINT FULL NAME RUDOLPH ERNEST DIECKGRAEFE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HENRIETTA 6. (c) Age of husband or wife if alive 78 years  
(HENGSTENBERG) DIECKGRAEFE  
7. Birth date of deceased SEPTEMBER 6 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 16 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation RETIRED FARMER & FACTORY WORKER

11. Industry or business \_\_\_\_\_

12. Name LOUIS DIECKGRAEFE

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

14. Maiden name WILHELMINA BRANDENBERGER

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

16. (a) Informant MRS. LESLIE LEACH

(b) Address OWENSVILLE MO.

17. (a) BURIAL (b) Date thereof 2-22-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANGELICAL CEM.

18. (a) Signature of funeral director Willard N. N. Winter

(b) Address Owensville, Mo.

19. (a) Feb 21, 1944 (b) Myrtle M. Wenzel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE  
(c) City or town OWENSVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (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 FEBRUARY day 19  
year 1944 hour 6 minute 45 p.m.

21. I hereby certify that I attended the deceased from Feb 18  
\_\_\_\_\_, 1944, to Feb 19, 1944  
that I last saw him alive on Feb 19, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Pneumonia  
Flu

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature Wm. H. Bradley (M. D. or other) MD

Address Owensville, Mo. Date signed 2-21-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed 3-9-44

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 Me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Myford H. H. Winter  
Licensed Embalmer No. 3838  
P. O. Address Owensville 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.