

FILED MAY 13 1944

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington, Missouri
(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 9 months
(Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town Berger, Missouri
(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 _____

3. (a) PRINT FULL NAME MATILDE HEITKAMP

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) ~~Widowed~~ widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 9 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>1</u>	<u>16</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Housewife

12. Name John Dieterle

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

14. Maiden name Juliane Haberstroh

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

16. (a) Informant Mr. Melvin Tugel

(b) Address Berger, Mo.

17. (a) Burial (b) Date thereof 4 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Evan Cem. Berger Mo

18. (a) Signature of funeral director Barbara Blum

(b) Address Berger Mo

19. (a) 4/27/44 (b) Lucille Ruetter Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-23-1943
to April 25, 1944
that I last saw her alive on April 24
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident

Due to _____

Due to _____

Other conditions 83a!
(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)

23. Signature B.P. Wynn (M. D. or other) M.D.

Address New Haven, Mo Date signed 4/27/44

Duration 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-12-44

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 Herman Blomier
Licensed Embalmer No. 528
P. O. Address Berger, 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.