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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 1 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15059

State File No. \_\_\_\_\_

Registration District No. 173

Primary Registration District No. 5642

Registrar's No. 10

1. PLACE OF DEATH:

(a) County LAFAYETTE  
(b) City or town EMMA MO.  
(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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE  
(c) City or town EMMA MO.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. CHRISTINE D. BREDEHOFT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced, WIDOW

6. (b) Name of husband or wife JOHN G. BREDEHOFT 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased FEB 25 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace LAFAYETTE COUNTY MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

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

12. Name JOHN KESSNER SR.

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISE KUECHER

15. Birthplace CONCORDIA MO. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant O. H. DEKE

(b) Address EMMA MO.

17. (a) BURIAL (b) Date thereof APRIL 25 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLY CROSS

18. (a) Signature of funeral director E. J. JAMES

(b) Address CONCORDIA MO.

19. (a) April 24 - 1944 (b) Mrs. Walter Walkenhorst  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22  
year 1944 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from 4-11-1944 to 4-22-1944  
that I last saw him alive on 4-22-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 12 days

Due to Arteriosclerosis

Due to Essential Hypertension

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

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

Of 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature Dr. Frederick V. Spemann (M.D. or other) D.O.  
Address Concordia Mo. Date signed 4-23-44

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

4-29-44

AUG 28 1954

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.