

p. 2
12-43
7-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16054

Registration District No. 363

Primary Registration District No. 4236

State File No.

Registrar's No. 9

1. PLACE OF DEATH: Charrette Twp. "Rural"
 (a) County Warren
 (b) City or town Marthasville, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: E. Emman's Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 43
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME HELEN E. CREHORE
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race wh. 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased DEC. 25 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 29 hr. min.

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

10. Usual occupation inmate

11. Industry or business
 12. Name Unknown
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John G. Pahl, Supt.
 (b) Address Marthasville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation Emmanuel Home Ben

18. (a) Signature of funeral director Fred W. Lichtenberg
 (b) Address Marthasville, Mo.

19. (a) Mar 23, 1944 (Date received local registrar) (b) Echel Kehr (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 109
 (a) State Missouri (b) County Warren
 (c) City or town Marthasville "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles N. E. of Marthasville
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
 year 1944 hour 9 minute 05 A.M.
 21. I hereby certify that I attended the deceased from Oct 1943
 to March 22 1944
 that I last saw her alive on March 21 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 mo.
 Due to Arteriosclerosis 14 yr.
Also Epilepsy 30 yr.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy
 PHYSICIAN J. J. [Signature]
 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) (e) Means of injury
 23. Signature J. J. [Signature] (M. D. or other) 0
 Address Marthasville, Mo. Date signed 3/23/44

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

MOTHER FATHER

17105

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 4-18-44

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 Fred. W. Lichtenberg

Licensed Embalmer No. 1321

P. O. Address Martha'sville, W. Va.

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.