

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22069**

FILED JUL 11 1944

Registration District No. **6**

Primary Registration District No. **57780**

Registrar's No. **0**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **St. Elizabeth** **mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Henry Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Rosie Bat

3. (b) If veteran, name war **-**

3. (c) Social Security No. **-**

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Stephan Bay**
6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **September 23 1897**
(Month) (Day) (Year)

8. AGE: Years **46** Months **8** Days **22** If less than one day hr. min.

9. Birthplace **St. Elizabeth** **mo** **0**
(City, town or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business **-**

12. Name **Christ Luetkemeyer**
13. Birthplace **St. Mary** **4**
(City, town or county) (State or foreign country)
14. Maiden name **Katharina Massman**
15. Birthplace **Koeltztown** **mo** **n**
(City, town or county) (State or foreign country)

16. (a) Informant **Stephan Bat**
(b) Address **St. Elizabeth** **mo**

17. (a) **Burial** (b) Date thereof **June 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Sorensen cemetery**

18. (a) Signature of funeral director **H. H. Shop**
(b) Address **Metz** **mo**

19. (a) **June 15 1944** (b) **John E. Schaefer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Miller** **66**
(c) City or town **St. Elizabeth**
(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 **June** day **15** =
year **1944** hour **1** minute **30** A.M.

21. I hereby certify that I attended the deceased from **May 1** 19 **44** to **June 15** 19 **44**
that I last saw her alive on **June 14** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration **15 yrs**

Due to **-**

Due to **-**

Other conditions **-**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131R**

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) (e) Means of injury **-**

23. Signature **M. E. Humphrey** (M. D. or other) **D.O.**
Address **Incumbent** **mo** Date signed **6-15/44**

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

499

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miller County Health Dep't.

Miller County Health Dep't.

County File Number 44-65

Date Filed 7-8-44

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 H. H. Strop

Licensed Embalmer No. 29 24

P. O. Address Meta 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.