

FILED SEP 10 1944  
65

Registration District No. \_\_\_\_\_

Primary Registration District No. 5250

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County CHARLTON  
(b) City or town BRUNSWICK "RURAL"  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARLTON  
(c) City or town BRUNSWICK "RURAL"  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA CATHERINE ROHWEDDER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month AUGUST day 20<sup>TH</sup>  
year 1944 hour 10 minute 30 P. M.

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

21. I hereby certify that I attended the deceased from July 5, 1944, to Aug 20, 1944, that I last saw her alive on Aug 8, 1944, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

Immediate cause of death: Carcinoma of left kidney Duration 18 mos.

7. Birth date of deceased: APRIL 2ND 1884  
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: BRUNSWICK MO. (City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: HOUSE WORK

12. Name: JOSEPH ROHWEDDER

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

14. Maiden name: CATHERINE GLEIBSEN

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

16. (a) Informant: AARX ROHWEDDER

(b) Address: BRUNSWICK MO.

17. (a) BURIAL (b) Date thereof: 8-22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation: BRUNSWICK'S MO.

18. (a) Signature of funeral director: [Signature]

(b) Address: BRUNSWICK MO.

19. (a) [Signature] (b) [Signature] (Date received local registrar) (Registrar's signature)

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

Major findings: Inflammatory carcinoma of left kidney  
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) (e) Means of injury \_\_\_\_\_

23. Signature: [Signature] (M. D. or other) \_\_\_\_\_  
Address: [Address] Date signed: 8-22-44

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

21  
0  
0

2220  
22

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 9-9-74

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 L Weissel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.