

FILED OCT 5 1944

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Labadie, "Rural" Boles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Labadie, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 4 years (years, months or days)

3. (a) PRINT FULL NAME Louise Wilhelmina Warnebold.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced, Widowed
6. (b) Name of husband or wife John F. Warnebold 6. (c) Age of husband or wife if alive, deceased deceased years
7. Birth date of deceased March 22nd, 1873. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 14 hr. min.

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

10. Usual occupation House-work.

11. Industry or business X

12. Name Mr. Berleman.
13. Birthplace Unknown, Germany. (City, town, or county) (State or foreign country)
14. Maiden name Sophia Schowe,
15. Birthplace Unknown, Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Vondra
(b) Address Labadie, Mo.

17. (a) Burial (b) Date thereof Sept. 9, 1944. (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Labadie, Mo.

18. (a) Signature of funeral director Wilburg & Witt, Inc.
(b) Address Washington, Mo.

19. (a) Sept 8, 1944 (b) Charles P. Fisher (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Labadie "Rural" (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. X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6th, year 1944 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 1940 to Sept 6 1944
that I last saw her alive on 9/7/44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration
Recompensation

Due to Coronary artery disease
Due to

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) (e) Means of injury
23. Signature Charles P. Fisher (M. D. or other)
Address Washington, Mo. Date signed 9/6/44

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

10-4-44

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.

3254

working under my personal supervision.

Signed

Lester H. Velt

Licensed Embalmer No.

3254

P. O. Address

Washington, D.C.

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.