

34058

S. No. 2  
M-2-43  
5-17-39  
-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 10 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 251

Registration District No. 77 Primary Registration District No. 3016

**1. PLACE OF DEATH:**

(a) County Cole  
 (b) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days (Specify whether  
 In this community Life years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cole 26  
 (c) City or town Jefferson City, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. RR # 4 (Jefferson Township)  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MARY LUDWIG MERTENS  
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 2  
 year 1944 hour 11 minute 15 a. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Paul Mertens 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased December 6, 1877  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1944, to Nov 2 1944  
 that I last saw her alive on Nov 2 1944  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 66 Months 10 Days 26 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage - Terminal  
Pneumonia  
 Due to Chronic nephritis, with Hypertension Duration 9 hrs  
 Due to Asthma - severe 2 days before death 5 yrs  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Thomas, Mo. (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Major findings: Of operations 131  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Joseph Huhman  
 13. Birthplace Westphalia, Germany (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Hopew  
 15. Birthplace St. Thomas, Mo. (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Paul Mertens  
 (b) Address RR # 4 Jefferson City, Mo.  
 17. (a) Burial (b) Date thereof 11/16/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Queen Burial Co.

(Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ (e) Means of injury 0  
 23. Signature Jamie R. Hill M.D. (M. D. or other)  
 Address Jefferson City, Mo. Date signed Nov 5-44

18. (a) Signature of funeral director Therese Richter  
 (b) Address Jefferson City, Mo.  
 19. (a) 11-6744 (b) Therese Richter  
 (Date received local registrar) (Registrar's signature)

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

6  
5  
4

**RECEIVED**

District Health Officer No. 0,

District File Number.....

Date Filed 11-9-44

**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 Sylvester Rulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.**