

B. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37709

State File No. ....

FILED NOV 20 1944

Registration District No. ....

Primary Registration District No. 3020

Registrar's No. 93

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis' Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Louise Vosholl  
3. (b) If veteran, name war ..... 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 18  
year 1944 hour 12:25 minute A. M.  
21. I hereby certify that I attended the deceased from Aug 27  
1944 to Oct 18 1944  
that I last saw her alive on Oct 17 1944  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 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 April 18, 1854  
(Month) (Day) (Year)

Immediate cause of death  
Ch. myo corditis 12 yrs  
Due to General atherosclerosis 12 yrs  
Due to senility  
Other conditions 93d  
Major findings:  
Of operations .....  
Of autopsy .....

8. AGE: Years Months Days If less than one day  
90 6 0 hr. min.  
9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

11. Industry or business .....  
12. Name Henry Vosholl  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Engelke  
15. Birthplace Germany  
(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?  
(Specify type of place)  
While at work (e) Means of injury

16. (a) Informant J. C. Eisenberg  
(b) Address Warrenton, Mo.  
17. (a) Burial (b) Date thereof 10-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Warrenton, Mo.  
18. (a) Signature of funeral director J. W. Nieburg & Co.  
(b) Address Warrenton, Mo.  
19. (a) Oct 19 1944 (Date received local registrar) (Registrar's signature)

23. Signature Theresia H. Schuchert (M. D. or other) M.D.  
Address Warrenton, Mo. Date signed 10-18-44

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

666

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-14-44

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, John J. Liebig  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John J. Liebig  
.....  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, 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.