

S. No. 2  
A-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37721

FILED DEC 7 1944

Registration District No. 7

Primary Registration District No. 4191

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Gasconade  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gasconade, Mo  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 65 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
(c) City or town Gasconade 1  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. Gasconade, Mo  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Germany 1

3. (a) PRINT FULL NAME EMMA AURORA JACKISCH

3. (b) If veteran, name war --- 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Daniel Jackisch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 9 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Wolters  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Meyer  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank P. Erriguy  
(b) Address Gasconade, Mo

17. (a) Burial (b) Date thereof 11-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) Nov 16/44 (b) A. H. Sedler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13  
year 1944 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Dec 4  
1943 to Nov 11 1944  
that I last saw her alive on Nov 11 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 1 yr. +  
Duration

Due to \_\_\_\_\_

Due to 930

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature A. H. Sedler (M. D. or other) \_\_\_\_\_

Address Hermann Mo Date signed 11-15-44

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

700

1261

(Licensed Embalmer's Statement on Reverse Side)

OCT 24 1958

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 12-5-44

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.....

Licensed Embalmer No. 3160

P. O. Address..... Hermann, 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.**