

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5927

State File No.

FRED MAR 1018 1945
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 25

26
5
4

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

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 15 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Cole 26
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#3, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Dora Propst
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

20. DATE OF DEATH: Month Jan day 24
year 1945 hour 2 minute 31 P.M.

MEDICAL CERTIFICATION

4. Sex Female race White 5. Color or race _____
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fritz C. Propst 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 17th, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1945 to Jan 24, 1945
that I last saw her alive on Jan 24, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 5 7 hr. _____ min.

Immediate cause of death Carcinoma of breast
Due to _____
Due to _____

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

Other conditions metastatic nodules
(Include pregnancy within 3 months of death)
Major findings: lung, eye
Of operations _____
Of autopsy 50

10. Usual occupation Housewife
11. Industry or business _____

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? _____

MOTHER FATHER { 12. Name Andrew Meier
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Barbara Duenkel
15. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul C. Pappas
(b) Address R.R.#3, Jefferson City, Mo.

While at work? _____ (Specify type of place) _____ Means of injury _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Honey Creek Cemetery

23. Signature _____ (Specify type of place) _____
Address Jefferson City, Mo Date signed 1-26-45

18. (a) Signature of funeral director Theresa Richter
(b) Address Jefferson City, Missouri
19. (a) 1-26-45 (Date received local registry) (b) Theresa Richter (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-7-45

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff 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.