S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5935

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 44

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: 1204 St. Marys 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City, Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1204 St Marys 4
(If rural, give location)
(e) Citizen of foreign country? no 5 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME GERTRUDE TOEBBEN

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ben Toebben 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 12, 1892 (Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Linn, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Schaefer
13. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christina Platt
15. Birthplace Richfountian, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ben Toebben
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Sylvester Dulle
(b) Address Jefferson City, Mo.

19. (a) 2/26/45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from December 11, 1944, to February 25, 1945; that I last saw her alive on February 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic parenchymatous nephritis	3 yr.
Due to arteriosclerosis	3 yr.
Due to Hypertension	3 yr.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature F. W. Gilliland (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 2/26/45

894 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 3-14-45

MAR 1 1991

MAR 23 1945

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 Duell

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.