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5-17-39  
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9482

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 29 1945  
77

Primary Registration District No. 3016

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 222 1/2 E - High  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No. 222 1/2 E - High  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Anna Oetterer

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year \_\_\_\_\_ hour 11 minute 15 P. M.

4. Sex Female 5. Color or race Wh. 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: June 11, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3, 1944 to Mar 23, 1945  
that I last saw her alive on Mar 23, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 9 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Chronic Valvular Heart Disease Duration 8 mos.

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

Due to: Streptococci Throat Infection

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

10. Usual occupation: Housewife

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business: At Home

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

12. Name: Christ Oetterer

13. Birthplace: Urbana Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Augusta Beck

15. Birthplace: Urbana Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Frank Roesel

(b) Address: Leadu City, Mo.

17. (a) Burial (b) Date thereof: 3-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Resurrection

18. (a) Signature of funeral director: Thomas Richter

(b) Address: 700 Jefferson

19. (a) 3-26-45 (b) Thomas Richter  
(Date received local registrar) (Registrar's signature)

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: H. J. Taylor (M.D. or other) \_\_\_\_\_  
Address: Jefferson City, Mo. Date signed: 3/26/45

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

MOTHER FATHER

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

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.

MAR 30 1945

Signed *J. H. Mulhain*

Licensed Embalmer No. 3641

P. O. Address *J. H. Mulhain*

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.