

U. S. No. 2
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Rev. 5-17-39
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14838

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 4 1945

Registration District No. 62

Primary Registration District No. 4531

Registrar's No. 15

1. PLACE OF DEATH

(a) County Warren

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles

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

(d) Street No. 12
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINA F. LINK

3. (b) If veteran, name war: No.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from on
March 29 1945 that I last saw her alive on March 29 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (c) Age of husband or wife if alive 1861 years (Month) (Day) (Year)

7. Birth date of deceased May 6 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to Senility

Due to

Other conditions cardio-reno-vascular disease
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 11 Days 6 If less than one day . hr. min.

Physician 1310

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Home duties

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Hattie Mergenthal
(b) Address Warrenton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Weldon Spring

18. (a) Signature of funeral director W. E. ...
(b) Address Wentzville Mo

19. (a) April 14 1945 (Date received local registrar) (b) John A. Rebermeyer (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?

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

23. Signature Joseph Lachana M.D. (M. D. or other) M.D.
Address Warrenton Mo. Date signed 4/14/45

1267 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-9-45

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 _____

T. P. Pitman

Licensed Embalmer No. _____

P. O. Address _____

2711
Wentzville, 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.