V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1945

State File No. 30503

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: 132 E. First St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. 132 E. First St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARTHA MARIA NIEBRUEGGE

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 Married

6. (b) Name of husband or wife John E. Niebruegge 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 19 (Day) 1896 (Year)

8. AGE: Years 49 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Stutenkemper
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henrietta Kallmeyer
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant John E. Niebruegge
(b) Address Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Rhineland Ev. Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) 9/11/45 (Date received local registrar) (b) O A Mundweller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1945 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1936, 19 to Sept. 9, 1945;
that I last saw her alive on Sept. 7, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 yrs.

Due to

Due to

Other conditions Broncho-Biliary fistula 6 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 9 3d

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 W. A. Jiter DD (M. D. or other)
Address Hermann, Mo. Date signed 9/9/45

1609

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-10-45

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 Hugo H. Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.