No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12795

FILED MAY 16 1946

Registration District No. [illegible]

Primary Registration District No. 5438

Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Gasconade

(b) City or town Rural Brush Creek Twp
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Gasconade 37

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Cuba Route 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

**3. (a) PRINT FULL NAME** KATHARINA WILHELMINA JUEDEMANN

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 Herman Juedemann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 13 (Day) 1875 (Year)

8. AGE: Years 71 Months 3 Days 9 If less than one day – hr. – min.

9. Birthplace Casco (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Bottemoeller 11
13. Birthplace (City, town, or county) Germany (State or foreign country) 1

MOTHER
14. Maiden name — Vemmer
15. Birthplace unkown (City, town, or county) (State or foreign country) 7

16. (a) Informant Louis Juedemann
(b) Address Cuba, Mo. Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 25 (Day) 1946 (Year)
(c) Place: burial or cremation Warren Cem. Tea Mo.

18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville Mo.

19. (a) 588-46 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Dec 1945 to April 1946
that I last saw her alive on April 18 1946
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | unknown |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

93d

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 0

23. Signature Charles A. Schmitt (M. D. or other)
Address Gerald Date signed 4-24-46

363

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-13-46

**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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Michael H. Winter

Licensed Embalmer No. 3825

P. O. Address Owensville 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.**