

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 60

1. PLACE OF DEATH:
 (a) County FRANKLIN
 (b) City or town WASHINGTON MO
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. FRANCES HOSP O
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Warren 109
 (c) City or town St. James /
(If outside city or town limits, write "RURAL") 0
 (d) Street No. WARRENTON MO
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELISE STAGGENBORG
 3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 28
 year 1946 hour 05 minute 28 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased: MAY 25 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-2-, 1945 to 5-28, 1946
 that I last saw her alive on 5-28-, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 0 Days 3 If less than one day _____
hr. _____ min.

Immediate cause of death: Chronic myocarditis
 Due to Acute Myceto-enteritis 12-28
 Due to _____

9. Birthplace: GERMANY 4
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation HOUSEWORK
 11. Industry or business AT HOME
 12. Name HERMAN BIEDKE
 13. Birthplace GERMANY
 14. Maiden name ANYA FENBLAYE
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant W.M.P. STAGGENBORG
 (b) Address WARRENTON MO
 17. (a) BURIAL (b) Date thereof 5 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation NEW PETER PAUL

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 _____

18. (a) Signature of funeral director K. RIEGEL HAWER
 (b) Address 4228 S.S. KENNEDY HWY
 19. (a) 5-30-46 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD
 Address Warrenton, Mo. Date signed 5.28.46

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

36
6
2

1878

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-3-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Edwin D. McRenyott

Licensed Embalmer No. 3024

P. O. Address.....

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.