S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19928

Registration District No. 711 Primary Registration District No. 5426 Registrar's No. 40

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boles - Twp - 1
(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) 80-4-17

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Boles Township
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M Brietenbach
3. (b) If veteran, name war
3. (c) Social Security No. no
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced widow
(b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan-19- (Month) (Day) 1866 (Year)

8. AGE: Years 80 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Moselle Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Wm Tinder
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Dina Strathegier
15. Birthplace Warren Co (City, town, or county) (State or foreign country)
16. (a) Informant Fred Brietenbach
(b) Address Roberts Ville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St Clair, Mo
19. (a) 6/8/46 (Date received local registrar) (b) Mary B. Gross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1946 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from Jan-10, 1946 to June 4, 1946 that I last saw her alive on 6-4-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration — Duration
Due to
Due to General Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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. E. Kitchell (M. D. or other) 6/6
Address St Clair Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-8-46

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 Sherwood Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.