. No. 2
—1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31221

State File No.

Registration District No. 304

Primary Registration District No. 6046

Registrar's No. 7

1. PLACE OF DEATH:

(a) County St Charles

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

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Near New Melle 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Amanda Paul

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan, (Month) 10. (Day) 1884 (Year)

8. AGE: Years 62 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Warren Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Christ Joerling
13. Birthplace Warren Co (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Mutert
15. Birthplace Germany, (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Roland Fine

(b) Address Defiance, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept, 6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Wright City, Mo

18. (a) Signature of funeral director Marvin Mossberg

(b) Address Wentzville Mo

19. (a) Sept. (Date received local registrar) (b) Jennie Gussmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1946 hour in the morning minute M.

21. I hereby certify that I attended the deceased from June 28th 1946, to Sept 4th 1946
that I last saw her alive on Aug 21st 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	3 month
Due to	
Due to	
Other conditions Chronic Nephritis & anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

131B

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 Benjamin Brandt (M. D. ~~or other~~)

Address Foristell, Mo. Date signed 9-5-46

(Licensed Embalmer's Statement on Reverse Side)

274

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.....

Licensed Embalmer No. 2464

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.