

FILED NOV 22 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5304 A

Registrar's No. 1

## 1. PLACE OF DEATH:

(a) County Cole St. Thomas Town  
 (b) City or town St. Thomas Rural  
 (If not in city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Thomas, Mo  
 (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

3. (a) PRINT FULL NAME Clara Louise Mathisen

3. (b) If veteran, \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 23 1876  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 2 hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Poplar Bluff Mo.  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Martin J. Libert13. Birthplace unknown  
 (City, town, or county) (State or foreign country)14. Maiden name Jane Mathisen15. Birthplace unknown  
 (City, town, or county) (State or foreign country)16. (a) Informant my Otto Schmidt(b) Address Jefferson City Mo.17. (a) Barber (b) Date thereof 10-28-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Thomas Cemetery18. (a) Signature of funeral director Walter Brecher(b) Address Jefferson City Mo.19. (a) RP (b) R.P. Davis M.D.  
 (Date received by registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
 (c) City or town St. Thomas  
 (If not in city or town limits, write "RURAL")  
 (d) Street No. St. Thomas  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25  
 year 1946 hour 9:00 minute 4 M.21. I hereby certify that I attended the deceased from Oct 19, 1946  
 19\_\_\_\_ to Oct 25 19\_\_\_\_  
 that I last saw him alive on Oct 25 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
 Due to arterio sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Includes pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 93D

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?  
 \_\_\_\_\_While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_23. Signature Henry G. Jacobson (M. D. or other)Address Weta, Mo Date Oct 31/46

~~Date Filed 11-21-46~~

~~District File No. 11-21-46~~

District Health Officer No. 9

RECEIVED

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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

*Victor Buescher*

Licensed Embalmer No. ....

3701

P. O. Address

*Jefferson Co*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 77

Primary Registration District No. 530x

1. PLACE OF DEATH:

(a) County cole  
(b) City or town St Thomas Rural  
(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 \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Clara I Mathisen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 23 1946  
(Month) (Day) (Year)

8. AGE: Years 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business \_\_\_\_\_

12. Name Martin J. Leber

13. Birthplace unk  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Patterson

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Otto Schmidt

(b) Address Jefferson City, Mo

17. (a) (Burial, ~~cremation, or other~~) (b) Date thereof Oct 28-46  
(Month) (Day) (Year)

(c) Place: burial or cremation St Thomas Cemetery

18. (a) Signature of funeral director John Rensch

(b) Address Jefferson City, Mo

19. (a) 11-4-46 (Date received local registrar) (b) R.P. Nadeau MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County cole  
(c) City or town St Thomas  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 28 Year 1946 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature Henry G. Schenck (M.D. or other)

Address Meta, Mo Date 10/31/46

WHOLE PRINTED—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration 14 3/4  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

30466