V. S. No. 2
100M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1947

Registration District No. 110

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-425

State File No. 13058

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Franklin

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 1 mile east of Berger 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HELENA WILIMINA KELLNER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female/

5. Color or race White

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

6. (b) Name of husband or wife August Kellner

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased December (Month) 5th (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	4	13	..... hr. ..... min.

9. Birthplace Berger RFD (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Housekeeping

FATHER
12. Name Charles Reinhardt
13. Birthplace Bittle Berger (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Josephine Brethorst
15. Birthplace Berger, RFD (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Edward Kunz
(b) Address Hermann, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21.1947 (Month) (Day) (Year)
(c) Place: burial or cremation Berger, Missouri.

18. (a) Signature of funeral director Paul H Blumer
(b) Address Berger Missouri

19. (a) Apr 1 1947 (Date received local registrar) (b) Jeffie A. Grammann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1947 hour 10 minute 00 AM M.

21. I hereby certify that I attended the deceased from July 14, 1940 / , 19 , to Apr. 18, 1947; that I last saw her alive on Apr. 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	10 min
Due to Hypertension, arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 P

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 2

23. Signature A. C. Peter, MD (M. D. or other)

Address Hermann, Mo Date signed 4/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-23-47

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger, 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.