

FILED OCT 1 1947

State File No. _____

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. W. 10th & Jefferson Sts.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINTED FULL NAME Esther Anna Emma Lalk

3. (b) If veteran, name war ---- 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 Oscar Lalk 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug 7 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 18
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Vehlewald

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

14. Maiden name Lydia Schollmeyer

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

16. (a) Informant Oscar Lalk

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 9-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good Hope Cemetery Harrison, Mo

18. (a) Signature of funeral director Reginald D. Dummer
(b) Address Hermann, Mo

19. (a) SEP 27 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
year 1947 hour 1:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 17
1947 to Sept 25 1947
that I last saw her alive on Sept 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Duration _____

Due to Bronchiectasis

Due to Lobar pneumonia

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

Major findings: Of operations _____

Of autopsy 108
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Blyden (M. D. or other) MD

Address Hermann, Mo Date signed 9/26/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9-30-47

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.....
Hugost Blumner

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, 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.