S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947
Registration District No. 2

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5436

State File No. 30871

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Rural Boulware Twp.
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Marie Berkemeyer
3. (b) If veteran, name war ---
3. (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 Fred Berkemeyer
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased August (Month) 16 (Day) 1881 (Year)

8. AGE: Years 65 | Months 11 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Pershing Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name Emil Kreter
13. Birthplace Bay Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Krueger
15. Birthplace Bay Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Louis Berkemeyer
(b) Address Owensville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 5 '47 (Month) (Day) (Year)
(c) Place: burial or cremation Presbyterian Cem. Hope Mo.
18. (a) Signature of funeral director Milford H.H. Winter
(b) Address Owensville Mo
19. (a) 8/5/47 (Date received by local registrar) (b) O.C. Muenkweiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1947 hour 4 minute 10 p.m.
21. I hereby certify that I attended the deceased from July 30 1947 to August 1 1947
that I last saw her alive on August 1 1947
and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death Cerebro-vascular accident (Stroke)	
Due to Arterial Hypertension.	
Due to	
Other conditions (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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 Carrel T. Shaw M.D. (M. D. or other)
Address Hermann, Mo. Date signed 8/5/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

HARVEY KAHLE, Registered Apprentice No. 9

working under my personal supervision.

Signed. Mayfield N N Wiles

Licensed Embalmer No. 3838

P. O. Address. Owensville 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.