

No. 2  
-12-45  
-17-39  
X47070

FILED OCT 13 1947

Registration District No. **308**

Primary Registration District No. **6049**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(c) County **St. Charles, Mo.**

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

(c) Name of hospital or institution:  
**Near Defiance /**  
(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 **23 years**  
(years, months or days)

3. (a) PRINT FULL NAME **Metella Link,**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **None**

4. Sex **F** / race **W**

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 **Oct, 16, 1865**  
(Month) (Day) (Year)

8. AGE:

| Years     | Months    | Days      | If less than one day |
|-----------|-----------|-----------|----------------------|
| <b>82</b> | <b>11</b> | <b>16</b> | hr. _____ min. _____ |

9. Birthplace **St. Louis, Co.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

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

12. Name **William LHertman** **H**

13. Birthplace **Germany,** **H**  
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Pdlman**

15. Birthplace **Franklin Co. Mo. 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Verlene Link d. Chase**

(b) Address **Defiance, Mo.**

17. (a) **Burial** (b) Date thereof **10-5-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laural Hill - St. Louis**

18. (a) Signature of funeral director **Mrs. Muchany**

(b) Address **Wentzville Mo**

19. (a) **Oct. 4, 1947** (b) **Mrs. Chas. Licarsky**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Charles 92**

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

(d) Street No. **Near Defiance Mo.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **3**  
year **1947** hour **1** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **July 1, 1945** to **Oct 2, 1947**  
that I last saw her alive on **Oct 7, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **2 days**  
**Coronary Thrombosis** **2 days**

Due to **Coronary Thrombosis** **2 days**

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

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

Major findings:  
Of operations \_\_\_\_\_

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

**938**

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? **Co**

While at \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature **Charles W. Doad** (M. D. or other) **240**

Address **Wentzville Mo** Date signed **10-3-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 10-10-47

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 *Marion M. Mueselberg*  
Licensed Embalmer No. *2461*  
P. O. Address *Wentzville 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.