

**FILED OCT 21 1947**

Registration District No. 116

Primary Registration District No. 5434

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Villa Ridge  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Villa Ridge, Mo.  
 (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 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin **36**  
 (c) City or town Villa Ridge **0**  
 (If outside city or town limits, write "RURAL") **0**  
 (d) Street No. X (If rural, give location) **0**  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th  
 year 1947 hour 7:00 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 15, 1947 to Oct 15, 1947  
 that I last saw her alive on Oct 13, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary  
 Duration 5 years

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none **13B**  
 Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

23. Signature Joseph P. Weiss (M. D. or other) M.D.  
 Address 2116 1/2th, Washington, Mo Date signed 10-11-47

3. (a) PRINT FULL NAME Philomena Elizabeth Patke.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband August C. Patke 6. (c) Age of husband 51 years  
 7. Birth date of deceased May 4th, 1902 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Villa Ridge, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business X

12. Name Theodore Brinkmann,  
 13. Birthplace Villa Ridge, Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Dorothy Frankenberg,  
 15. Birthplace Washington, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant August C. Patke  
 (b) Address Villa Ridge, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge, Mo. (B.F.D.)

18. (a) Signature of funeral director Nielburg & Vint, Inc. (City, town, or county) (State or foreign country)

(b) Address Washington, Mo.

19. (a) OCT 16 1947 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

36  
00

RECEIVED  
District Health Officer No. 9,  
District File Number  
OCT 18 1947  
Date Filed

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.....

*Jerome F. Svoboda*....., Registered Apprentice No. *441*  
working under my personal supervision.

Signed *A. J. Meburg*.....  
Licensed Embalmer No. *2387*  
P. O. Address *Washington, 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.