S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2190

Registration District No. 316 — Primary Registration District No. 6075 — Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 4 mos. 17 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington 1
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME ELEONORE AMALIA MINNA KISSINGER

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 Widowed

6. (b) Name of husband or wife Wilhelm Anton Kissinger

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

7. Birth date of deceased September (Month) 13, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	11	..... hr. ..... min.

9. Birthplace St. Louis County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name August Reinhardt
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Louise Brinkmann
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem., Washington, Mo.

18. (a) Signature of funeral director Nieburg-Vitt, Funeral Directors
(b) Address Washington, Missouri

19. (a) 2-3-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 16, 1948 to January 24, 1948; that I last saw her alive on January 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	Several das.
Due to: Generalized arteriosclerosis	
Due to: Psychosis with cerebral arteriosclerosis.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy No autopsy.

83 A

PHYSICIAN — Underline the cause of 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 0

23. Signature John A. Brennan M.D. (M.D. or other)
Address State Hosp. #4, Farmington, Mo. Date signed 1/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 248-195
Date Filed 2-12-48

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 Paul H. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.