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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4333

FILED FEB 19 1948

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 39

1. PLACE OF DEATH:

(a) County: Cole

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

(c) Name of hospital or institution: 177 E High
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole 26

(c) City or town: Jefferson City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 417 E High 4
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME: Rose Johanna Hollerath

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: married

6. (b) Name of husband or wife: Hugo

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: April 19 1984
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	21	br. min.

9. Birthplace: St Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: John Vogt

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

14. Maiden name: Adelaide Esbushaus

15. Birthplace: New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant: Hugo Hollerath

(b) Address: Jefferson City Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-13-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Riverside Cem.

18. (a) Signature of funeral director: Victor Buecher

(b) Address: Jefferson City Mo

19. (a) Date received from registrar: 2-11-48 (b) Registrar's signature: R.P. Deprie MD

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 10 year: 1948 hour: 10 minute: 46 M.

21. I hereby certify that I attended the deceased from about October, 1946 to Feb 10, 1948; that I last saw her alive on January 30, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pleurisy of Effusion & heart failure

Due to: Carcinoma of the lungs metastatic

Due to:

Other conditions: - tumor, sugar & lung

Major findings: Of operations: - H/D

Of autopsy:

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)

(e) Means of injury.....

23. Signature: J.S. Summers (M. D. or other)

Address: Jefferson City Date signed: Feb 17 1948

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Date Filed 2/16/48

District File Number _____

District Health Officer No. _____

RECEIVED

JAN 11 1949

OCT 30 1959

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 Victor Briescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.