S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5891

Registration District No. 310 | Primary Registration District No. 3058 | Registrar's No. 32

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hours (Specify whether years, months or days) In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Charles
(c) City or town St Charles (If outside city or town limits, write "RURAL")
(d) Street No. 525 South 6th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minna Achelpohl
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dr FH Achelpohl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 10 (Day) 1874 (Year)
8. AGE: Years 73 | Months 10 | Days 14 | If less than one day hr. min.
9. Birthplace Madison County (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House keeper
11. Industry or business Home
MOTHER FATHER
12. Name Earnst Poll
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Wilhelmina Niedringhaus
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Kurt Achelpohl
(b) Address 601 Sputh 6th St St Charles Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cemetery
18. (a) Signature of funeral director Bachmann-Bauer
(b) Address 326 No 6th St St Charles Mo.
19. (a) 2-11-48 (Date received local registrar) (b) Hanna Hamel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1948 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from January 12, 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: coronary occlusion	3 days
Due to:	
Due to: generalized arteriosclerosis & hypertension	10 years?
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94A	
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: No
(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) O
While at work? (e) Means of injury
Signature George E Kirsch (M. D. or other) MD
Address St Charles Mo Date signed 1-26-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/24/48

APR 15 1948

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 Charles J. Mackee, Registered Apprentice No. 414, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 315

P. O. Address St Charles 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.