

FILED SEP 17 1948

Registration District No. **214**

Primary Registration District No. **6063**

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

1. PLACE OF DEATH

(a) County **St. Clair**
(b) City or town **Brunswick**
(c) Name of hospital or institution: **at home**
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Clair**
(c) City or town **Brunswick**
(d) Street No.....
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Louisa Mary Riddle**

(b) If veteran, name war **no** (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married **1 divorced Married**

(b) Name of husband or wife **W. Riddle** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Dec 7 1879**

8. AGE: Years **68** Months **8** Days **28** If less than one day hr. min.

9. Birthplace **Missouri**

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER { 12. Name **Berkart Henry Dannenbuehler**
13. Birthplace **Germany**
14. Maiden name **Muriel Charlotte Dannenbuehler**
15. Birthplace **Germany**

16. (a) Informant **W. Riddle**
(b) Address **Brunswick, Mo.**

17. (a) **Burial** (b) Date hereof **9-7-48**
(c) Place: burial or cremation **mt Zion mo**

18. (a) Signature of funeral director **J. H. ...**
(b) Address **Decatur Mo**

19. (a) **9-7-48** (b) **288**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5** year **1948** hour **7** minute **16 P.M.**

21. I hereby certify that I attended the deceased from **4:50** to **5:50** 19**48**
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to.....

Due to.....

Other conditions.....

Major findings: **8 3/4**
Of operations.....

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **W. Riddle** (M. D. or other) **W. Riddle**

Address **Appleton City** Date signed **9-7-48**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 71

District File Number 8-48-1082

Date Filed 9-16-48

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 Jan Hunt

Licensed Embalmer No. 2782

P. O. Address Dequincy 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.