

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32397

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 242

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Life.
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH LOETHEN

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 Adolph Reich 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased Jan 11, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Frank Reich
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Pfleger
(b) Address Jefferson City, Mo.
17. (a) Burial (b) Date thereof 10/31/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Salvatore Sulle
(b) Address Jefferson City, Mo.
19. (a) 11-1-48 (b) R. P. Harris, M.D.
(Date received local registrar) (Registrar's signature)
Harold R. Kistner
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Michigan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1948 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 25
1948 to Oct 28 1948
that I last saw her alive on Oct 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Burns
2nd & 3rd

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Heard Taylor (M. D. or other) M.D.
Address Jefferson City Date signed 10/30/48

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ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

NOV 10 1948

Date Filed

District Health Officer

District Health Officer No. 9

RECEIVED

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.....

Superior Dull

Licensed Embalmer No. 4321

P. O. Address..... *Jefferson City, 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.

Registration District No. 17

Primary Registration District No. 301e

1. PLACE OF DEATH:

(a) County cole jefferson city
(b) City or town cole jefferson city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Loethen
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Jan 11 1948
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days _____ (Unless than one day)
hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 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) accident
(b) Date of occurrence 11-20-48
(c) Where did injury occur? Home, Jefferson City, MO
(City or town) (County) (State)
(d) Did injury occur _____ or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Leon Sawyer (M. D. or other) MD
Address Jefferson City Date signed 11-10-48

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

SUPPLEMENTARY

S-32397