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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32516

FILED OCT 29 1948

Registration District No. 191

Primary Registration District No. 5426

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Villa Ridge, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town (Rural) Villa Ridge, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Mathilda H. Drechsler

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 Single

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

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

7. Birth date of deceased August 7th, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	3	..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name William Drechsler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Lohrmann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. & Mrs. Charles A. Mueller
(b) Address Route # 1, Villa Ridge, Missouri

17. (a) Burial (b) Date thereof 10/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) Oct. 11 - 48 (b) Mary B. Gross
(Date received local registrar) (Registrar's signature) 94

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1948 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 10 June, 1948 to 10 Oct, 1948
that I last saw her alive on 10 Oct, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA of the uterus + vesicca urinary (Bladder)	2
Due to	
Due to	3
Other conditions DECOMPENSATED heart + ascites, (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 .....

23. Signature [signature] (M. D. or other)

Address Pacific Date signed 10/11/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 28 1948

in Pacific, Missouri

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, 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.