. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37159

FILED DEC 15 1948

Registration District No. 139

Primary Registration District No. 4249

Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town CEDAR GROVE NURSING HOME
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON 50
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR BARNHART
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MATHILDA HAVEN
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife DECEASED
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased FEB (Month) 22 (Day) 1887 (Year)

8. AGE: Years 61 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business "
FATHER
12. Name AUGUST OBERFELD
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARIE FREEK
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant WILLIAM SCHMIDT
(b) Address KIMMSWICK MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation PEVELY LUTHERAN
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) 12-8-48 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1948 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from December 1, 1948 to December 6, 1948; that I last saw her alive on December 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of cervix with multiple abdominal metastases	6 years
Due to	
Due to	
Other conditions (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 Thomas A. Donnell (M. D. or other) M.D.
Address DeSoto, Mo Date signed 12-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 14 1948
Date Filed

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 Elmer A. Erlightag

Licensed Embalmer No. 3571

P. O. Address .....

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.