V.S. No. 300
Rev. 10.48

FILED DEC 30 1948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42135

BIRTH NO. — REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 73

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

1. PLACE OF DEATH
a. COUNTY: STE GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UNION T.S.
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEINGARTEN MO RR#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL UNION T.S.
d. STREET ADDRESS (If rural, give location): RR#1

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3. NAME OF DECEASED (Type or Print): a. (First) MARY T. HERMAN b. (Middle) c. (Last)

4. DATE OF DEATH (Month) DEC (Day) 23 (Year) 1948

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT 27 1869
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEINGARTEN MO
12. CITIZEN OF WHAT COUNTRY?: 0

13a. FATHER'S NAME: ADAM RUEBSAM
13b. MOTHER'S MAIDEN NAME: THERESA ISENMAN
14. NAME OF HUSBAND OR WIFE: AUGUST HERMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Edward A. Herman Weingarten ADDRESS: Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Secondary Anaemia — 1 year
DUE TO (c) Carcinoma of liver — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Valvular heart disease, Chronic Myocarditis — 2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NO
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* Dec 23, 1948, *that I last saw the deceased alive on* Dec 18, 1948, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C J Clapsaddle MD
23b. ADDRESS: Ste Genevieve Mo
23c. DATE SIGNED: 12-25-48

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 26 1948
24c. NAME OF CEMETERY OR CREMATORY: WEINGARTEN
24d. LOCATION (City, town, or county) (State): WEINGARTEN MO

DATE REC'D BY LOCAL REG.: Dec. 26-48
REGISTRAR'S SIGNATURE: Dep - Teresa M. Karl 35 0
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Basler Ste. Genevieve ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Local Health Officer No. 4

District File Number 1248-1621

Date Filed 12-29-48

JUL 22 1949

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Leo C. Barber

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.