V.S. No. 300
REV. 10-48

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8009

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 207 Market St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hermann
d. STREET ADDRESS (If rural, give location): 207 Market St

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): ADOLPH
c. (Last): JAENECKE

4. DATE OF DEATH (Month) (Day) (Year): March 15 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 1-1859
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months, Days — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bricklayer
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (State or foreign country): Hermann, Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: William Jaenecke
13b. MOTHER'S MAIDEN NAME: Anna R. Schultheiz
14. NAME OF HUSBAND OR WIFE: Mathilda Jaenecke

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Else Nasse
ADDRESS: Hermann, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — 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) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
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* Jan 1, 1949, *to* March, 1949 *that I last saw the deceased alive on* March 6, 1949, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Howard Workman M.D.
23b. ADDRESS: Hermann Mo
23c. DATE SIGNED: 3-15-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 3-18-49
24c. NAME OF CEMETERY OR CREMATORY: Hermann City Cem.
24d. LOCATION (City, town, or county) (State): Hermann Mo

DATE REC'D BY LOCAL REG.: 3/16/49
REGISTRAR'S SIGNATURE: O. Mundwiller
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Plumer
ADDRESS: Hermann, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed APR 8 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 Hugo H. Blemme

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.