

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31293

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brazeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brazeau</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maria</u>	b. (Middle) <u>M. Breauer</u>	c. (Last) <u>Pohnka</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Sept.</u> <u>9</u> <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 8 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perry Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Herman Breauer</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Winter</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martin Stueve, Wittenburg</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUE TO (b) <u>Atherosclerosis</u>		<u>18 hours</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>9 mos</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Chronic Myocarditis</u>				<u>33ix</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1946, to Sept 9, 1949, that I last saw the deceased alive on Sept 9th, 1949, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Theodore Fischer</u> (Degree or title) <u>M.A.</u>	23b. ADDRESS <u>Altenburg, Missouri</u>	23c. DATE SIGNED <u>9-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 11 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Altenburg Mo.</u>

DATE REC'D BY LOCAL REG. <u>Sept 12 1949</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons</u>	ADDRESS <u>Perryville Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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REIVED 10-4-49

Health Officer No. 4

1049-13

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville 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.