

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 36847

FILED DEC 7 1949

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

BIRTH NO.		REG. DIST. NO. 119		PRIMARY REG. DIST. NO. 4193		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. "If institution: residence before admission") a. STATE Mo b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann			
d. FULL NAME OF HOSPITAL OR INSTITUTION E. 9th & Market St				d. STREET ADDRESS (If rural, give location) E. 9th & Market St			
3. NAME OF DECEASED (Type or Print)		a. (First) SUSANNA		b. (Middle) MARIE		c. (Last) ENG	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 16, 1859	
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) Berger Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Gottlieb Kellner		13b. MOTHER'S MAIDEN NAME Elizabeth Speckhals		14. NAME OF HUSBAND OR WIFE Frederick Eng			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. N ne		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Eng, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, ascending colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153x				INTERVAL BETWEEN ONSET AND DEATH 11 mo.	
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) m.		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 Feb. 15, 1949, to Nov. 19, 1949, that I last saw the deceased alive on Nov. 17, 1949, and that death occurred at 11:03 P. m., from the causes and on the date stated above.							
23a. SIGNATURE L. G. Jeter		(Degree or title) 2 M.D.		23b. ADDRESS Hermann, Mo.		23c. DATE SIGNED 11/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 23-49		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery		24d. LOCATION (City, town, or county) (State) Hermann, RFD, Missouri	
DATE REC'D BY LOCAL REG. 11/22/49		REGISTRAR'S SIGNATURE D. M. ...		25. FUNERAL DIRECTOR'S SIGNATURE Hugo, Blumner		ADDRESS Hermann, Mo	

(Licensed Embalmer's Statement on Reverse Side)

District File Number-----

District Health Officer No. 9

RECEIVED
DEC 3 1919

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-----

working under my personal supervision.

Student
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.

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.