

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

623

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 1

0260

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u>	c. LENGTH OF STAY (in this place) <u>none</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HERMINA</u>	b. (Middle) <u>—</u>	c. (Last) <u>MARSCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14 1950</u>
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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. 21-1874</u>	9. AGE (In years last birthday) <u>75</u> If under 1 year: Months _____ Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>Germany</u>
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13a. FATHER'S NAME <u>Frank Rittke</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Marsch</u>	ADDRESS <u>Russellville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>334x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 14, 1950, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Leslie, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Russellville, Mo.</u>	23c. DATE SIGNED <u>Jan 15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JAN 16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reverview One</u>	24d. LOCATION (City, town, or county) (State) <u>Jafferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 15</u>	REGISTRAR'S SIGNATURE <u>Ms. Minnie Hattenmeyer</u>	70	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Steffen</u>	ADDRESS <u>Russellville Mo.</u>
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RECEIVED
JAN 17 1950
District Health Officer No. 9,
District File Number

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 *G. M. Stephens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.