

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

752

State File No.

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 1

360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie, Rural, Boles.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Labadie, Rural, Boles Township.</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Labadie, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labadie, Mo.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Bertha</u>	b. (Middle) <u>Johanna</u>	c. (Last) <u>Steffens.</u>	(Month) <u>Jan.</u>	(Day) <u>21st.</u>	(Year) <u>1950.</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 10th, 1884.</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
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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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Labadie, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>August Broch.</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Grauer.</u>	14. NAME OF HUSBAND OR WIFE <u>Fred W. Steffens.</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred H. Steffens</u>	ADDRESS <u>Labadie, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 22 2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis & nephritis</u>		
	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 July 1, 1949, to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Washington Mo</u>	23c. DATE SIGNED <u>Jan 23, 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 24, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Labadie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/24/50</u>	REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	94	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nieburg & Witt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
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FEB 8 1950

RECEIVED
FEB 4 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

Lester H. Witt

Licensed Embalmer No.

3254

P. O. Address

Washington, 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.

W. A. ...