

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4168**

BIRTH NO. _____ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **3011** Registrar's No. **137**

171
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARLTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARROLLTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK "RURAL"	
c. LENGTH OF STAY (in this place) 10 DAYS		d. STREET ADDRESS (If rural, give location) 1/2 MI. N.E. of BRUNSWICK	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) BERTHA	b. (Middle)	c. (Last) TEUT	4. DATE OF DEATH (Month) (Day) (Year) 3-9-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 23-1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) BERLIN GERMANY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME DONT KNOW	13b. MOTHER'S MAIDEN NAME DONT KNOW	14. NAME OF HUSBAND OR WIFE WIDOW
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ERNEST TEUT	ADDRESS BRUNSWICK MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	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. Atypical Pneumonia		4500 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **November, 1946**, to **March 8, 1950**, that I last saw the deceased alive on **March 8, 1950**, and that death occurred at **8:20 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Stewart, M. D.	23b. ADDRESS Brunswick, Mo.	23c. DATE SIGNED 3/10/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-11-1950	24c. NAME OF CEMETERY OR CREMATORY UTERMAN CEMETERY	24d. LOCATION (City, town, or county) (State) CHARLTON CO MO
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DATE REC'D BY LOCAL REG. 3/11/50	REGISTRAR'S SIGNATURE Thos Herbert Calvert	435 25. FEDERAL DIRECTOR'S SIGNATURE L. H. Covert	ADDRESS Brunswick
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no

RECEIVED MAR 13

District Health Officer No. 8,

District File Number _____

Date Filed 3-14-50

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.

Signed L. W. Baisel

Signed _____
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick N

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.