

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4450

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3026 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washington</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Washington</i> 0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>349 Stafford</i>		d. STREET ADDRESS (If rural, give location) <i>349 Stafford</i>	
3. NAME OF DECEASED (Type or Print) <i>MATHILDA</i>		a. (First) <i>MATHILDA</i>	b. (Middle) _____
		c. (Last) <i>ROEHL</i>	d. DATE OF DEATH (Month) (Day) (Year) <i>2 19 1950</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-25-1863</i>
9. AGE (In years last birthday) <i>86</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>24</i>	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (State or foreign country) <i>Braunberg Germany</i>
12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		13a. NAME OF HUSBAND OR WIFE _____	
13b. MOTHER'S MAIDEN NAME <i>Not Known</i>		13c. FATHER'S NAME <i>Not Known</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Walter Roehl</i>
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <i>Washington, Mo.</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hours</i>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i>			
DUE TO (c) <i>Senility</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	
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)	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 <i>May 8, 1949</i> to <i>Feb 9, 1950</i> , that I last saw the deceased alive on <i>Feb 12, 1949</i> , and that death occurred at <i>7:4 m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>Washington Mo</i>	23c. DATE SIGNED <i>2-20-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2-21-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Washington Missouri</i>
DATE REC'D BY LOCAL REG <i>Feb 20, 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	990	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <i>Washington, Mo.</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED
FEB 25 1960
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.

Signed *M. W. Wehberich*

Signed _____
Student Embalmer

Licensed Embalmer No. 4511C

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.