

FILED AUG 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27934

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 905 PRIMARY REG. DIST. NO. 4452 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wentzville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wentzville, 1920</b>	
c. LENGTH OF STAY (In this place) <b>60 years</b>		d. STREET ADDRESS (If rural, give location) <b>U</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>Augusta</b>	b. (Middle) <b>Louise</b>	c. (Last) <b>Minor</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 20 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 28, 1867</b>	9. AGE (In years) (If under 1 year last birthday) (Month) (Day) (Year) <b>82 8 22</b>	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Henry Karrenbrock</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Klaustermeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Henry John Minor</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edna Minor</b>	ADDRESS <b>Wentzville, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute nephritis (hemorrhagic)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis (Supp. report)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis</b>			<b>10 yrs.</b>

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) (m.)	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 17, 1950, to July 20, 1950**, that I last saw the deceased alive on **July 20, 1950**, and that death occurred at **5:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.E. Bargesen D.O.</b>	23b. ADDRESS <b>Wentzville, Mo.</b>	23c. DATE SIGNED <b>7-22-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/23/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 22, 1950</b>	REGISTRAR'S SIGNATURE <b>Martin J. Huff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Muschany</b>	ADDRESS <b>Wentzville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 16 1950

RECEIVED

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**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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.