

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34273  
24 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5915

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Central</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Central</b>	
c. LENGTH OF STAY (In this place) <b>51 years</b>		0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alma</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Weinrich</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14 1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 17 1890</b>	
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <b>Germany 4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS/ OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Herman F. Fluegel Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Pfeiffercorn</b>		14. NAME OF HUSBAND OR WIFE <b>Mo r 3 August Weinrich Perryville</b>	
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 ADDRESS <b>August Weinrich Perryville Mo. r 3</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Fractured neck</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		5974X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM HOMIE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Perryville Perry 1770</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>Aug-14-50 230 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Suspended - By Rope Around Neck</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE <b>Alfred Diederich</b> Coroner of Perry County, Mo.		23b. ADDRESS <b>Perryville</b>		23c. DATE SIGNED <b>7/16/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 16 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Perryville Mo.</b>					

DATE REC'D BY LOCAL REG. <b>Sept 19-1950</b>		REGISTRAR'S SIGNATURE <b>Joseph Zollner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Young &amp; Sons Perryville Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

790

RECEIVED

SEP 27 1951

STATE OF MISSISSIPPI  
No. ....

NOV 27 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Carroll Young*

Licensed Embalmer No. *2138*

P. O. Address *Permyville 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.