

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36617

State File No.

FILED DEC 2 1950

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 164

367

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>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pinkney</u> | |
| c. LENGTH OF STAY (In this place) <u>3 days</u> | | 1090 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles West Treloar, Mo</u> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Lena</u> b. (Middle) <u>Catherine</u> c. (Last) <u>BBrakemeyer</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1950</u> | | |
|---|--|--|--|--|--|

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|--|-------------------------------|---|---------------------------------------|--|------------------------|--|-----------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct. 20, 1873</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 2 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Lafayette County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Herman Bierbaum</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Mensinkamp</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward Brakemeyer</u> | |
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|---|--|-------------------------------------|--|---|--|------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edmond H. Brakemeyer</u> | | ADDRESS <u>Warrenton 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated femoral hernia Rt</u> | | <u>1 week</u> |
| | DUE TO (c) <u>Cardiac decompensation</u> | | <u>26.00</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u> | | <u>3 months</u> | |

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| 19a. DATE OF OPERATION <u>11-21-1950</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Strangulated Rt femoral hernia</u> | | 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 Nov 15, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 5:10 pm., from the causes and on the date stated above.

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|---|--|-------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>H.H. Schmidt</u> (Degree or title) <u>0</u> | | 23b. ADDRESS <u>Marthasville Mo</u> | | 23c. DATE SIGNED <u>11-23-50</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/24/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Holstein, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>Nov. 24/1950</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 990 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmond H. Brakemeyer</u> | | ADDRESS <u>Marthasville, Mo.</u> | |
|--|--|--|--|-----|--|--|--|----------------------------------|--|

RECEIVED

NOV 25 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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 *Delmont F. Zutterberg*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4318.....

P. O. Address Marthasville, 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.