

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 36642
Registrar's No. 13

BIRTH NO. _____		REG. DIST. NO. 117		PRIMARY REG. DIST. NO. 5435		State File No. 36642 Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boeuf		c. LENGTH OF STAY (in this place) 62 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boeuf		1370	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Residence				d. STREET ADDRESS (If rural, give location) 14 Miles South of Hermann, Mo.			
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First)		b. (Middle) JOHN		c. (Last) ALBERSWERTH	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-10-1859	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) New Haven, Missouri, RFD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Franz Alberswerth		13b. MOTHER'S MAIDEN NAME Bertha Meyer		14. NAME OF HUSBAND OR WIFE Bertha Alberswerth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Clarnece Alberswerth, Hermann, MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis with congestive failure 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.				INTERVAL BETWEEN ONSET AND DEATH 6-8 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/28/1950, to 11/8/1950, that I last saw the deceased alive on 10/31/1950, and that death occurred at 8:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. Weissmann M.D.				23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 11/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-11-1950		24c. NAME OF CEMETERY OR CREMATORY St. James Cemetery		24d. LOCATION (City, town, or county) (State) Stonyhill, Mo	
DATE REC'D BY LOCAL REG. 11/11/50		REGISTRAR'S SIGNATURE B. Muschville		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul H. Blumens Berger Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC - 2 1950

RECEIVED

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Gustav W Dietrich

Licensed Embalmer No. *4329*

P. O. Address *St Louis, 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.