

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

749

State File No.

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 3020 Registrar's No. 4

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> <u>0360</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>R. R.</u> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>Kate</u> | | b. (Middle) <u>J.</u> | |
| | | c. (Last) <u>Loewe</u> | |
| 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>April 16th 1872</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. MONTHS <u>6</u> DAYS <u>22</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Union Mo D</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Mo D</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Henry Bierman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Peters</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Kruck Union Mo.</u> ADDRESS <u>Union Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 mo</u> | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause. 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. | | <u>153K</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>3-8</u> , 19 <u>50</u> , to <u>1-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>51</u> , and that death occurred at <u>1 A.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>B. A. Stehman M.D.</u> | | 23b. ADDRESS <u>Union, Mo</u> | |
| | | 23c. DATE SIGNED <u>1-10-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/10/1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St. James Mantle</u> | | 24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan. 10, 1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>990</u> | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Ottmann</u> ADDRESS <u>Union Mo.</u> | |

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

3620

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 15 1951

RECEIVED

SEP 13 1955

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 E. F. Altman

Licensed Embalmer No. 1686

P. O. Address Union 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.