

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4372

State File No.

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 2

360

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>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u>	
c. LENGTH OF STAY (in this place) <u>84 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles South of Berger, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>FRED</u> c. (Last) <u>HORSTMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 17 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-24-1866</u>	9. AGE (In years last birthday) Months Days <u>84 3 23</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Berger RFD Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Horstmann</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Wehlewald</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Horstmann</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hilbert Horstmann, Berger RFD 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>25 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		<u>4/20/</u> <u>1/28/51</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1/28/51 1951, to 2/17/51, 1951, that I last saw the deceased alive on 2/17/51, 1951, and that death occurred at 10:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. G. Jeter, M.D.</u> (Degree or title)	23b. ADDRESS <u>Herrmann Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/20/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel M.E. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Berger RFD Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 19th 1951</u>	REGISTRAR'S SIGNATURE <u>Jessie Brannen</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tarrett Blumer Berger Mo</u>
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File No. 32 11
DISTRICT HEALTH OFFICE No. 4

FEB 23 1951

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.

Student Embalmer No.

Signed

Gustav W. Dietrich

Signed.....
Student Embalmer

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.