

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42190**

FILED DEC 28 1951

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3028 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARLTON</u>	
b. CITY OR TOWN <u>BROOKFIELD</u>	c. LENGTH OF STAY (in this place) <u>1 DAY</u>	c. CITY OR TOWN <u>BRUNSWICK</u> <u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROOKFIELD HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>EAST BROADWAY</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARGARET ELIZA BETH</u>	b. (Middle) <u>ROHWEDDER</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>12 13 1951</u>
-------------------------------------	---------------------------------------	------------------------------	-----------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3-7-1873</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	--	----------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	11. BIRTHPLACE (State or foreign country) <u>BRUNSWICK MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	---	--

13a. FATHER'S NAME <u>JURGEN ROHWEDDER</u>	13b. MOTHER'S MAIDEN NAME <u>PLEASE</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
--	---	--

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 <u>ELLA ROHWEDDER</u>	ADDRESS <u>BRUNSWICK MO</u>
--	-------------------------------------	---	-----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		<u>4 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>NEPHRITIS.</u> DUE TO (c)		<u>5 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>LUPUS ERYTHEMATOSUS</u>		<u>6 yrs.</u>	
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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) (Minute)	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 MAY, 1948, to Dec. 13, 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Faulstich, Jr.</u> (Degree or title)	23b. ADDRESS <u>Brunswick, Mo</u>	23c. DATE SIGNED <u>Dec. 13, 1951</u>
--	-----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BERMAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK RURAL MO</u>
DATE REC'D BY LOCAL REG. <u>12-14-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Brunswick</u>	

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

3582

47MO

DEC 26 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 12-51-2300

Date Filed:

DEC 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. M. Keesel

Licensed Embalmer No. *823*

P. O. Address

Brewerwick N

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.