

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7949

State File No.

FILED APR 7 1952

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4181 Registrar's No. 3

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) <u>Rural-Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Boeuf</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 Mile East 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>AUGUST</u> b. (Middle) <u>GOTTFRIED</u> c. (Last) <u>KELLNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 1 -52</u>		
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>2-21-1863</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Berger, Mo.</u>	# UNDER 1 YEAR	# UNDER 2 HRS.
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	Hours	Min.

13a. FATHER'S NAME <u>Gottfried Kellner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Speckhals</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Helena Kellner</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 ADDRESS <u>Elmer Kellner, Hermann, 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, asthma, 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 Pulmonary</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>444X</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 Jan 1, 1952, to Apr 1, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at 500A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard Workman MD</u> (Degree or title)		23b. ADDRESS <u>St. Louis, Mo</u>		23c. DATE SIGNED <u>4-1-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 3-52</u>		REGISTRAR'S SIGNATURE <u>Jeff Gussner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Blumer</u>		ADDRESS <u>Berger Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.