

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16044

State File No. 3425

BIRTH NO.		REG. DIST. NO. 110	PRIMARY REG. DIST. NO. 418	Registrar's No. 7
1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural- Boeuf		c. LENGTH OF STAY (in this place) 80 Yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Boeuf 1360		
d. STREET ADDRESS (If rural, give location) 1 1/2 Miles S.W. Of Berger, Mo		4. DATE OF DEATH (Month) (Day) (Year) 5-10-1952		
3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) ***** c. (Last) PFAUTSCH		5. SEX FEMALE		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 6-20-1871
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		11. BIRTHPLACE (State or foreign country) Berger, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY Housewife		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Phillip Meyer		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE John Pfautsch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Pfautsch Berger, Mo. RFD
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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		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) 334X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10, 1952, to May 10, 1952, that I last saw the deceased alive on May 10, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Gerhard H. Bernmann M.D.		23b. ADDRESS Berger, Mo.		23c. DATE SIGNED 5-10-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-1952		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
24d. LOCATION (City, town, or county) (State) Berger Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. H. Blumer Berger Mo.		
DATE REC'D BY LOCAL REG. 5-12-52		REGISTRAR'S SIGNATURE Edna Judge		475

(Licensed Embalmer's Statement on Reverse Side)

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

360

AUG 18 1954

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. \_\_\_\_\_

Student .....  
Student Embalmer

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.