

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27132**

FILED AUG 18 1952

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

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 211			
1. PLACE OF DEATH a. COUNTY Boone <i>0105</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone <i>0105</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) Rosemary Apts.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rosemary Apts.				d. STREET ADDRESS (If rural, give location) Rosemary Apts.					
3. NAME OF DECEASED (Type or Print) OLGA			a. (First) GEORGI			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 6, 1952						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 24, 1878			
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 1 Days 12		IF UNDER 6 HRS. Hours 12 Min.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY ---		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Frank Mehnert			13b. MOTHER'S MAIDEN NAME Emma Fischer			14. NAME OF HUSBAND OR WIFE Woldemar Georgi			
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.		17. INFORMANT'S SIGNATURE OR NAME Charlotte Georgi, Columbia, Mo.				
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) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH few hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Coronary sclerosis				years	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) Columbia Boone Mo					
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 8/9/52 , 19___, to _____, 19___, that I last saw the deceased alive on 8/6/52 , 19___, and that death occurred at 10:30a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry Sweet, JMD, Coroner 3				23b. ADDRESS 909 University, Columbia		23c. DATE SIGNED 8/9/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Aug. 9, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. Aug 9 1952		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		3-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia, Mo.			

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 Thas L. Baring

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.