

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31271

State File No. \_\_\_\_\_

REC'D OCT 8 1952

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4188</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		0370		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 Springfield Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>203 Springfield Rd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Anna</u> c. (Last) <u>Hengstenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Nov. 24, 1868</u>		
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bay, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Henry Mellies</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Niemann</u>		14. NAME OF HUSBAND OR WIFE <u>H.D. Hengstenberg</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Hengstenberg</u> ADDRESS <u>Owensville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Hemiplegia-Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>1 yr.</u> <u>1 yr.</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>331X</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 <u>7-17, 1952</u> , to <u>7-30, 1952</u> , that I last saw the deceased alive on <u>7-28, 1952</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paula J. Brunner, M.D.</u> (Degree or title)				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>7-31-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>E. &amp; R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Barth Hallau</u> 303		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maxwell J. Winter</u>		ADDRESS <u>OWENSVILLE</u>		

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

**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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Magdalen H. Winter

Licensed Embalmer No. 3838

P. O. Address QUEEN SUITE

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.