

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44422

State File No. ....

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4189</u>		Registrar's No. <u>41</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 OR TOWN <u>Rosebud</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY OR TOWN <u>Rural Canaan Twp.</u>		<u>0370</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Rosebud, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherina</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Emma Weinrich</u>			4. DATE OF DEATH <u>Dec. 17, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 1, 1878</u>		
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 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>Rosebud, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Niewald</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotta Bentlage</u>			14. NAME OF HUSBAND OR WIFE <u>John C. Weinrich</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>August Weinrich</u> ADDRESS <u>Rosebud, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of stomach with terminal metastasis to liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>emphysema and duodenum</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
19a. DATE OF OPERATION <u>6-17-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma - stomach - metastasis</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>6-17, 1952</u> to <u>12-17, 1952</u> that I last saw the deceased alive on <u>12-16, 1952</u> and that death occurred at <u>5:30a m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paula Bruner, M.D.</u> (Name and title)				23b. ADDRESS <u>Swenswick, Mo.</u>		23c. DATE SIGNED <u>12-18-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rosebud, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/20/52</u>		REGISTRAR'S SIGNATURE <u>Bartholomew Wallace</u> <u>363-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. N. Winter</u> ADDRESS <u>OWENSVILLE</u>				

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

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**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 Maipred H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWEKSVILLE

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.