No. 300
10.48

FILED AUG 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26080

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6236 Registrar's No. 11

090
1

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Charrette
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles N. E. Marthasville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 1090 0
e. STREET ADDRESS (If rural, give location): 7 Miles N. E. Marthasville

3. NAME OF DECEASED (Type or Print): a. (First) Naemi b. (Middle) Heneretta c. (Last) Guhlemann

4. DATE OF DEATH (Month) (Day) (Year): July 19, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 17, 1873
9. AGE (In years last birthday): 80 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Warren County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Herman Freese
13b. MOTHER'S MAIDEN NAME: Louisa Niederjohann
14. NAME OF HUSBAND OR WIFE: Theo. Guhlemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Pauline Freese ADDRESS: Marthasville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — several years

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 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3-, 1953, *to* 7-18-, 1954, *that I last saw the deceased alive on* 7-18, 1954, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE John B. Ryan (Degree or title) MD
23b. ADDRESS Hermann Mo
23c. DATE SIGNED 7-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 22, 54
24c. NAME OF CEMETERY OR CREMATORY: Femme Osage Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles County, Mo.

DATE REC'D BY LOCAL REG.: 7/22/54
REGISTRAR'S SIGNATURE: H C Johnson 334
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Delmont F. Lichtenb

Licensed Embalmer No. 4318

P. O. Address Marthasville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.