

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26745

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>142</u>		
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>				036 0				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>IDA</u>	b. (Middle) <u>FREDA</u>	c. (Last) <u>DAMSCHROEDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4 1954</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>AUG. 7 1867</u>		
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>BEAUFORT, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>GEORGE HOLTGRIEVE</u>			13b. MOTHER'S MAIDEN NAME <u>ROLF</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD DAMSCHROEDER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LOUIS KIEWITT UNION, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>long heart failure</u> DUE TO (c) <u>4321</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <u>3/10/1934</u> to <u>4 Sept, 1954</u> that I last saw the deceased alive <u>Sept 7, 1954</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. L. Kiewitt M.D.</u>				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>9/7/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jordan's</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERIESBURG, MO.</u>		
DATE REC'D BY LOCAL REG. <u>9/7/54</u>		REGISTRAR'S SIGNATURE <u>J.P. Sedman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E.H. ...</u>		ADDRESS <u>...</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

518

0802

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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*E. J. Altman*

Licensed Embalmer No. 1686

P. O. Address Union, Md

**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.

2/1/10