

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

746

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 40

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Franklin</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Gasconade</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN)<br><u>Washington, Mo</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>rural- Poeuf</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>7 days</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>11 Miles South of Berger, Mo</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Francis Hospital</u>                       |  |   |  |

|   |  |                                  |   |  |  |  |  |  |  |  |  |
|---|--|----------------------------------|---|--|--|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><u>ESTHER</u>  |  |                                  | b. (Middle)<br><u>CHRISTINE ELIZABETH</u> |  |  | c. (Last)<br><u>ALPERSWERTH</u>                                |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>2 6 1955</u> |  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u> |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> |  | 8. DATE OF BIRTH<br><u>0-20-1903</u>                           |  | 9. AGE (In years last birthday)<br><u>61</u> |  | IF UNDER 1 YEAR Months Days<br><u>4 16</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u> |  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>                    |  | 11. BIRTHPLACE (State or foreign country)<br><u>Berger, Mo</u> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>               |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>August Pade</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Rosalie Schneider</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Clarence Alberswerth</u> |  |
|--|--|---|--|--|--|

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|---|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br><u>None</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Clarence Alberswerth, Hermann, Mo RFD</u> |  |
|---|--|--|--|---|--|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anterior Infarction</u>  |  |   |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Artery Disease</u><br>DUE TO (c) <u>Diabetes Mellitus</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Essential Hypertension</u>   |  |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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)<br><u>2600 X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 July, 1954, to 2-6, 1955, that I last saw the deceased alive on 2-6, 1955, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

|  |                               |                                   |
|--|-------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or Title)<br><u>Charles D. ... M.D.</u> | 23b. ADDRESS<br><u>Gerald</u> | 23c. DATE SIGNED<br><u>2-7-55</u> |
|--|-------------------------------|-----------------------------------|

|  |                              |   |   |
|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>2-0-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. James E&amp;R Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Stonyhill, Mo</u> |
|--|------------------------------|---|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG.<br><u>2/7/55</u> | REGISTRAR'S SIGNATURE<br><u>F.P. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Funeral Director Berger Mo</u> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Chas. R. Pope

Licensed Embalmer No. 2552

P. O. Address Hermann, 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.