REC'D APR 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10663
Do not use this space.

1. PLACE OF DEATH
36 (a) County Franklin. Registration District No. 297
(b) Township Primary Registration District No. 3016 Registered No. 39
8 (c) City Washington (d) Street No. St. Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
21 (e) Length of residence in city or town where death occurred 11 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emilie D. K. Dobsch. 120
(a) Residence, No. Ninth & High, Washington, Mo. St. ✓
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OR~~ ~~(OR)~~ WIFE OF August J. Dobsch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2nd, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	0	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife.
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 1938.
11. Total time (years) spent in this occupation 46 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Missouri. 0

FATHER
13. NAME Charles Strack. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County. Missouri. 0

MOTHER
15. MAIDEN NAME Caroline Mesmacker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County. Missouri.

17. INFORMANT (ADDRESS) August Dobsch, Krakow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Mar. 27th, 1938.

19. FUNERAL DIRECTOR (ADDRESS) Nieburg & Vitt, Inc. Washington, Mo.

20. FILED Mar. 25, 1938 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1938, to Mar 24, 1938
I last saw her alive on Mar 24, 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Mar 20-38
Other contributory causes of importance:	
Chronic Myocarditis	Dont know

Name of operation none Date of ✓
What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. R. Cutler, M. D.
270 (Address) Washington, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lester H. Vitt, Licensed Embalmer No. 3254

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

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