

DEC'D FEB 23 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2245

Do not use this space.

1. PLACE OF DEATH *Gasconade*  
 (a) County *Gasconade* Registration District No. *305*  
 (b) Township *Canaan* Primary Registration District No. *5422* Registered No. ....  
 (c) City ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Mary Margaret Drewel*  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *widowed*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 26 - 1851*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*87 1 3*

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

12. BIRTHPLACE (CITY OR TOWN) *Hermann*  
(STATE OR COUNTRY) *Missouri*

- FATHER 13. NAME *William Diebold*  
14. BIRTHPLACE (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) *6*

- MOTHER 15. MAIDEN NAME *Margaret Klary*  
16. BIRTHPLACE (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) *6*

17. INFORMANT *Mrs Nancy Stoch*  
(ADDRESS) *Owensville Mo*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Wollam Mo* DATE ..... 19

19. FUNERAL DIRECTOR *W R Gottenstrater*  
(ADDRESS) *Owensville Mo*

20. FILED *1/29/39* 19 *Da Drewel*  
*134 2245 8845 0050* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-29-1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *1-29-1939* to *1-29-1939*  
 I last saw *her* alive on *1-28-1939* Death is said to have occurred on the date stated above, at *4.4 A.M.*  
 The principal cause of death and related causes of importance were as follows:

*Hemorrhage of Brain*Other contributory causes of importance: *§2k*

- Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify ..... (Signed) *Edwin Mellin*, M. D.  
 (Address) *Owensville Mo*

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STATEMENT BY LICENSED EMBALMER

I, W.F. Gettenrocter....., Licensed Embalmer No. 1444

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 W.F. Gettenrocter.....

Licensed Embalmer No. ....

**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.)**