

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

22067
 Do not use this space.

JUL 13 1939

1. PLACE OF DEATH *Granville*
 (a) County *Boone* Registration District No. *292*
 (b) Township *Boone* Primary Registration District No. *5-4-10*
 (c) City _____ (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 *Mrs. Fredericka Needergerke*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Karl Needergerke*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 7 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 29

OCCUPATION 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. *House Wif.*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

FATHER 13. NAME *Karl Schomberg*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Anna Kowen*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Oscar Needergerke, Northaven, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Evang Cem.* DATE *7-9-39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. J. Festig, Son, Northaven, Mo*

20. FILED *July 8 1939* *J. J. Gammeman, Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *March 19, 1939*, to *July 5, 1939*
 I last saw him alive on *July 5, 1939* Death is said to have occurred on the date stated above, at *6:30 am*.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular renal disease followed by congestive heart failure

Date of onset *1936*
March 1939

Other contributory causes of importance: *121*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *none* 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) *B. O. Esenmann*, M. D.
 (Address) *New Haven, Missouri*

WHITE PEARL, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl Fertig
Licensed Embalmer No. 3385

P. O. Address.....

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, above space should be left blank.