

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28331

State File No. \_\_\_\_\_

Registration District No. 212

Primary Registration District No. 5292

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City Rural Clark  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15<sup>th</sup>  
year 1940; hour 10 A.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Sept 17  
1934 to Dec-9- 1938  
that I last saw her alive on Dec-9- 1938  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to Intracranial hemorrhage  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) grip

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Florence Marie Weber 160

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alex 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Jan. 29 1906  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 6 16 hr. \_\_\_\_\_ min.

9. Birthplace Jefferson City, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name John Duemmel

18. Birthplace Jefferson City, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

16. Birthplace Augusta Stroessner 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Weber Illinois

(b) Address Jefferson City, Mo

17. (a) Burial (b) Date thereof Aug. 17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazito Evangelical

18. (a) Signature of funeral director G.N. Steffens

(b) Address Russellville, Mo.

19. (a) Aug 19 (b) Mrs. T. R. Stearns  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 193-

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. E. Weaver (M. D. or other) D. E.

Address Russellville, Mo Date signed 8-16-40

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

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2307

P. O. Address. Russell Hill

**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:**