

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7325

MAR 17 1941

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 7

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL ROCK
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
NEAR ANTONIA, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR ANTONIA MO
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MAGDALENA FRANKENREITER

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased JULY 2 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace KIMMSWICK MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business HOME

MOTHER FATHER { 12. Name MICHAEL CHRIST
18. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name CLARA KOENIG
15. Birthplace KIMMSWICK MO.
(City, town, or county) (State or foreign country)

16. (a) Informant MR JOHN FRANKENREITER
(b) Address KIMMSWICK, MO R.R. #2

17. (a) BURIAL (b) Date thereof FEB 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOSEPH CEM. KIMMSWICK MO

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO

19. (a) FEB 13 1940 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1941 hour 120 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 1930 to Feb 12 1941
that I last saw her alive on 2/12 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to Senility
Due to 178

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? 7811

(Specify type of place) _____
While at work? _____ (a) Means of injury _____

23. Signature Dr. Reich M.D. (M. D. or other) D
Address Kimmswick Mo Date signed 2/13/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arthur W. Heiligstein*

Licensed Embalmer No..... *3872*

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.