

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14481

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

Registration District No. 5422

Primary Registration District No. 305

Registrar's No. 10

1. PLACE OF DEATH:

(a) County GASCONADE  
(b) City, or town RURAL CANAAN TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
OWENSVILLE ROUTE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 47 YRS.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. OWENSVILLE ROUTE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 70 YRS. years.

3. (a) PRINT FULL NAME EMILIE WILHELMINE WEISS

8. (b) If veteran, name war NONE 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife HENRY WEISS 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased APRIL 20 1856  
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 18 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Unknown GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

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

12. Name CHRISTIAN LETZEAFF.

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

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

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Weiss

(b) Address Owensville Mo.

17. (a) BURIAL (b) Date thereof APRIL 11 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETER CEM. OWENSVILLE MO

18. (a) Signature of funeral director W. J. Gattenströter

(b) Address OWENSVILLE

19. (a) 4-11-41 (b) Robert M. Murray  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 8  
year 1941 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 4 1941 to April 8 1941, that I last saw her alive on April 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation Duration 6 hours

Due to Chronic Myocarditis 2 10 yrs.

Due to Arteriosclerosis 7 1/2 5 yrs.

Other conditions Cystic Thyroid 20 yrs.  
(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? \_\_\_\_\_

While at work 276 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul R. Brenner (M. D. or other) MD

Address Owensville, Mo Date signed 4-9-41

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

7  
0  
0

37

0

0

Duration

6 hours

10 yrs.

5 yrs.

20 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Mr

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo

**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.**