

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 755 Primary Registration District No. 5996a Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Farmersburg
(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 _____ (Specify whether _____)
In this community 51 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 16, 1941, to Apr 24, 1941;
that I last saw her alive on Apr 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
cerebral hemorrhage 1 day
left. lobar pneumonia 6 days

Due to general arterio Sclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death) 104

Major findings:
Of operations _____
Of autopsy _____

Duration
1 day
6 days
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME Augusta M. Benzogeman
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Decenal 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30 1962
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Farmersburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business _____

MOTHER FATHER
12. Name Albertine Webber
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Maria Hackman
15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert Stratmann
(b) Address RR Augusta Mo

17. (a) Burial (b) Date thereof Apr 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farmersburg

18. (a) Signature of funeral director Shelley & Gruehler
(b) Address Augusta Mo

19. (a) Apr 18/41 (b) Valere Royne
(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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. H. Church (M. D. or other) _____
Address Warrensburg Mo Date signed Apr 24-41

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.....

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

M. Muschay 2461
Olie Shickling 3759
Signed.....

Licensed Embalmer No.....

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.