DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 15 1941

Registration District No. 492

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 56 5-2 R

State File No. 28 38724

Registrar's No.

**1. PLACE OF DEATH:**

(a) County Lincoln

(b) City or town Old Monroe Mo
(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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Lincoln

(c) City or town Old Monroe
(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.? — 0 years.

3. (a) PRINT FULL NAME — Eusterbrook

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. (Month) 28 (Day) 1941 (Year)

8. AGE: Years | Months | Days | If less than one day One hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Alex. Eusterbrook
13. Birthplace Lincoln (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Leoba Heppermann
15. Birthplace Jeschville (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Alex Eusterbrook
(b) Address Old Monroe Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director Alex Eusterbrook
(b) Address Old Monroe Mo

19. (a) 12-2-41 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 28 year 1941 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from 11 28, 1941, to 11-28, 1941, that I last saw him alive on 11-28-41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

159

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 [signature] (M. D. or other) Me
Address Old Monroe Date signed 12/2/41

441 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

## 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.....

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.**