U. S. No. 2
10M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 11 1943

Registration District No. 16 v

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 8995

State File No. 14609

Registrar's No.

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(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 years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR IMPERIAL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNIE BROWN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased APRIL (Month) 7 (Day) 1871 (Year)

8. AGE: Years 71 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace JEFFERSON COUNTY (City, town, or county) MO (State or foreign country) 0

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEWORK

MOTHER FATHER
12. Name FRANK DOHACK
13. Birthplace PRAGUE (City, town, or county) BOHEMIA (State or foreign country) 8

MOTHER
14. Maiden name ROSE KNECHAE
15. Birthplace PRAGUE (City, town, or county) BOHEMIA (State or foreign country) 8

16. (a) Informant Mrs A L Borgwald
(b) Address Kimmswick Mo. RR1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation ROCK CREEK

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

19. (a) 3/12 (Date received local registrar) (b) C A Clemens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY. day 11 year 1943 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from June, 1942 to Mar. 11 —, 1943 that I last saw her alive on Mar 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility 93d	

Major findings:
Of operations
Of autopsy

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

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 0

23. Signature O J Reich MD (M. D. or other)
Address Kimmswick Mo Date signed 3-12-43

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick 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, fact should be so stated above.