

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 6 1943

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 24

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Fredericktown
(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

3. (a) PRINT FULL NAME William Andrew Dosenbach

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 Married

6. (b) Name of husband or wife Helena Bohnert

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 4 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 5 ✓ hr. _____ min.

9. Birthplace Perryville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____

MOTHER FATHER { 12. Name Lewis Dosenbach

{ 13. Birthplace Snowbush Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Barbra Gross

{ 15. Birthplace Snowbush Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Turlin

(b) Address Perryville, Missouri

17. (a) Burial (b) Date thereof 4/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Kison

(b) Address Fredericktown, Mo.

19. (a) Apr 6 1943 (b) S. C. Slaughter
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. 319 Schulte Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1943 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from Mar 5,
1943, to Apr 4, 1943;
that I last saw him alive on Apr 3, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Duration 29 days

Due to _____

Due to _____

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

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? _____

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

23. Signature S. C. Slaughter, M.D. (M. D. or other)
Address Fredericktown, Mo. Date signed Apr 5, 1943

Distr: Health Officer No. 4
District File Number: 543-2111
Date Filed: 5-5-43

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

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

Fredericktown, 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.