S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2594

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 3-

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 DAYS (Specify whether
In this community 13 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU

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

(d) Street No. NONE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME MRS AUGUSTA BEHRENS FRITSCH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife OTTO FRITSCH

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased MARCH (Month) 13 (Day) 1871 (Year)

8. AGE: Years 72 Months 9 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace HOMEWOOD (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name REV. D. BEHRENS
13. Birthplace SAXON (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant OTTO FRITSCH
(b) Address Mc GIRK MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. (Month) 4 (Day) 1944 (Year)
(c) Place: burial or cremation BILLINGSVILLE, MO.

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) Jan-4-44 (Date received local registrar) (b) Dr. Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1
year 1944 hour 6:50 minute a.M.

21. I hereby certify that I attended the deceased from 12-19-, 1943, to 1-1-, 1944;
that I last saw her alive on 12 31 —, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	3 weeks
Due to metastatic carcinoma of pelvis (obstructing ureters)	1 mo.
Due to Carcinoma of breast (?)	?
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
Of operations ~~None~~ cystoscopy revealed ureteral obstruction
Of autopsy metastatic Ca of pelvis. Contracted Kidney, Hydroureter, Lung R breast

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 —

23. Signature G. A. Wiem (M. D. or other) M.D.
Address Boonville Date signed 1/3/48

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-2-44

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.