

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37533

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 266

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
316 W. Main St.
(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 Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 316 W. Main St.
(If rural, give location)
(e) Citizen of foreign country? Borned in Germany (Yes or No)
If yes, name country Germany Dec. 22, 1954 17

3. (a) PRINT FULL NAME Willamaine Christine Dachsel

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 22 1954
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 0 If less than one day hr. _____ min. 4

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Soell

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Emma Dachsel

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/44
(Month) (Day) (Year)

(c) Place; burial or cremation Evangelical Cem.

18. (a) Signature of funeral director Victor Bruecher

(b) Address Jefferson City, Mo.

19. (a) Nov. 24 1944 (b) Therina Kichter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1944 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11-20 to death 1944
that I last saw her alive on 11-20 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 7 da Duration

Due to hypertension or arteriosclerosis

Due to Arthritis

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

Major findings: Of operations 93e

Of autopsy _____

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 Barbara (M. D. or other) 11-24

Address 626 Jefferson Date signed 11-24

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

6
5
4

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1944

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed..... 11-29-44

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.....

Victor Buescher

Licensed Embalmer No. 3701.....

P. O. Address. Jefferson City, 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.