

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32250**
Registrar's No. **321**

Registration District No. **316**

Primary Registration District No. **6075**

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

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 mos. 17 das.**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME - **ELIZABETH AUSTERSCHMIDT**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 27, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 8 hr. min.

9. Birthplace **St. Charles, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Anton Austerschmidt**

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

14. Maiden name **Anna Mary Petsmann**

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

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **9-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State Hospt. Cem., Farmington**

18. (c) Signature of funeral director **Cozean Funeral Home**

(b) Address **Farmington, Missouri**

19. (a) **9-19-47** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 94**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Vincent's San., 7300 St. Charles**
(If rural, give location) **Rock Rd.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **5,**
year **1947** hour **2** minute **55 P.** M.

21. I hereby certify that I attended the deceased from
Feb. 20, 1947, 19 to **Sept. 5, 1947**, 19
that I last saw h. er. alive on **Sept. 5, 1947**, 19
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia** Duration _____
Due to **Fractured Lungs**
Due to _____
Other conditions **Bilateral Pleural Effusion, Psychosis 4 days**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **Bilateral Bronchopneumonia**
150 mg

22. If death was due to external causes, fill in the following:
(a) Accident; suicide, or homicide (specify) **Accident 94**
(b) Date of occurrence **July 27, 1947**
(c) Where did injury occur **Farmington St. Francois Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No. 4
While at work? **No** (Specify type of place) **Fellow floor**
(c) Means of injury _____
23. Signature **George A. Rogers** (M. D. or other) **M.D.**
Address **Farmington Mo** Date signed **9-5-47**

RECEIVED

District Health Officer No. 4

District File Number 947-121

Date Filed 9-22-47

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.

not embalmed

Signed.....

Chazan

Licensed Embalmer No. 4084

P. O. Address.....

Wilmington

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.