S. No. 2
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37636

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 89

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Catawissa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Own Home
(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 26 years

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

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3. (a) PRINT FULL NAME HULDA W EIME
3. (b) If veteran, name war
3. (c) Social Security No. 498-26-4063
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Herman Eime
6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased April (Month) 11 (Day) 1895 (Year)

8. AGE: Years 52 Months 6 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER
12. Name Fred Mueller
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Minnie Bode
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Herman Eime
(b) Address Catawissa, mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Catawissa, mo.
18. (a) Signature of funeral director Casey + Lenox
(b) Address St. Clair, mo.
19. (a) Nov 7/47 (Date received local registrar) (b) Mary B. Grosse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1947 hour 10 minute P.M.
21. I hereby certify that I attended the deceased ~~from~~ November 4th, 1947, to ____, 19__; that I last saw her alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary embolism	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. S. Puffer (M. D. or other)
Address Pacific, Mo. Date signed 11/7/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 18 1947

NOV 20 1947

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.