

FILED MAY 20 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17044

State File No.

4253

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) McKittrick			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3941a McFee				d. STREET ADDRESS (If rural, give location) 10			
3. NAME OF DECEASED (Type or Print) a. (First) Rose			b. (Middle) Caroline		c. (Last) Autenrieth		4. DATE OF DEATH (Month) (Day) (Year) 5 11 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 13, 1876	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Winona, Wisconsin /		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Geringer			13b. MOTHER'S MAIDEN NAME Ernestine Domrese		14. NAME OF HUSBAND OR WIFE Noah Autenrieth		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel Godwin, 2421 Big Bend			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute dilatation of heart - a few minutes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis over 2 yrs DUE TO (c) hypertension over 2 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pt had left sided paralysis when seen 2 yrs ago						INTERVAL BETWEEN ONSET AND DEATH over 2 yrs
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43X			
22. I hereby certify that I attended the deceased from 8-2-46 , 19____, to 5-11-49 , 19____, that I last saw the deceased alive on 4-13-49 , 19____, and that death occurred at 9:00a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Blinn BSN				23b. ADDRESS 1715 So 39th		23c. DATE SIGNED 5-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-49		24c. NAME OF CEMETERY OR CREMATORY Hermann, Mo.		24d. LOCATION (City, town, or county) (State) Hermann, Mo.	
DATE REC'D BY-LOCAL REG. MAY 12 1949		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugo Blumer, Hermann, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

M.R.

No. 300

10.48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.