

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1951

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 8

1. PLACE OF DEATH  
 a. COUNTY Gasconade  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann  
 c. LENGTH OF STAY (in this place) 34 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Franklin St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Gasconade  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann  
 d. STREET ADDRESS (If rural, give location) Franklin St

3. NAME OF DECEASED  
 a. (First) Paulina b. (Middle) Katharina c. (Last) Brethorst  
 (Type or Print)  
 4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH Nov-13-1891 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
 10b. KIND OF BUSINESS OR INDUSTRY Housework  
 11. BIRTHPLACE (State or foreign country) Berger, Mo  
 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Louis Rohlfing 13b. MOTHER'S MAIDEN NAME Anna Humburg 14. NAME OF HUSBAND OR WIFE Henry Brethorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. None  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Brethorst, Hermann, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Complete Heart Block.  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Coronary Infarction  
 DUE TO (c) Hypertensive Heart Disease  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 1-2 months  
1 1/2 years  
years.  
4251

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July 1949, to Feb. 24, 1951, that I last saw the deceased alive on Feb. 24, 1951, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Ryan, M.D. 23b. ADDRESS Hermann, Mo. 23c. DATE SIGNED 2-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 2nd-51 24c. NAME OF CEMETERY OR CREMATORY Hermann City 24d. LOCATION (City, town, or county) (State) Hermann, Mo.

DATE REC'D BY LOCAL REG. 2/28/51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS August Klumpp, Hermann, Mo

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

File No. 1950

DISTRICT HEALTH OFFICE No. 4

MAR 3 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

*Hugos Olmued*

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.