

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16130

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5-425 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Rural-Boeuf		c. CITY (If outside corporate limits, write RURAL and give township) 360 OR TOWN Rural-Boeuf	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 3 Miles North of Berger, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence			

3. NAME OF DECEASED a. (First) ADELLA b. (Middle) L. DELLA c. (Last) FAHRMEIER			4. DATE OF DEATH (Month) (Day) (Year) 5-9-1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-21-1888		9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Days -0- 19		11. UNDER 1 YEAR Hours		12. UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home				11. BIRTHPLACE (State or foreign country) Senate Grove, Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Wm. Allersmeyer				13b. MOTHER'S MAIDEN NAME Dehmer-Bausch				14. NAME OF HUSBAND OR WIFE Herman Fahrmeier			
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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 Herman Fahrmeier, Berger, Mo. RFD			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, congestive heart failure								INTERVAL BETWEEN ONSET AND DEATH 18 hours  10 years 6 1/2 months	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201				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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 3/20, 1950, to 5/19, 1951, that I last saw the deceased alive on 5/8, 1951, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE B. V. Cisneros M.D.			(Degree or title)			23b. ADDRESS New Haven, Mo.			23c. DATE SIGNED 5/10/51		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/1951		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Berger, Missouri	
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DATE REC'D BY LOCAL REG. May 10-51		REGISTRAR'S SIGNATURE J. G. Cisneros		98		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Blumer		ADDRESS Berger, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1360

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 15 1951

RECEIVED

JUN 7 1951

JAN 8 1960

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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.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
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.