

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28222**

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Franklin</u> b. CITY (If outside of rural limits, write RURAL and give township) OR TOWN <u>Washington</u> c. LENGTH OF STAY (in this place) <u>11 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> c. CITY (If outside of rural limits, write RURAL and give township) OR TOWN <u>Washington</u> <u>0362</u> d. STREET ADDRESS (If rural, give location) <u>219 Jefferson</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>REGINA</u> a. (First) _____ (Middle) _____ c. (Last) <u>BUCHHLOZ</u>		DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>7</u> <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7, 1869</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF OVER 1 YEAR Hours <u>0</u> Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
13a. FATHER'S NAME <u>Joseph Droeg</u>		13b. MOTHER'S MAIDEN NAME <u>Kathrin Wagon</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year of discharge) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Fritz Killa</u>		ADDRESS <u>A. Home No.</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES <u>Fracture of legs</u> 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. <u>arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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) <u>Washington Missouri 036</u>			
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?			
22. I hereby certify that I attended the deceased from <u>5-20</u> , 19 <u>53</u> , to <u>8-7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-7</u> , 19 <u>53</u> and that death occurred at <u>10 1/2</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. O. Munch M.D.</u>		23b. ADDRESS <u>Washington Mo</u>	
23c. DATE SIGNED <u>8-8-53</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Burial Land</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8/10/53</u>		REGISTRAR'S SIGNATURE <u>F. E. Steinhilber</u>	
99		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. P. V. G. ...</u>	
ADDRESS <u>Washington Mo</u>			

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

No. 506
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

W. W. Willenbrink

Licensed Embalmer No. *4511*

P. O. Address *Washington, 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.