FILED NOV 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35397

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 308

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Mo.
c. LENGTH OF STAY (in this place): 4das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeburg, Mo. 0760 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Jennie
b. (Middle): M.
c. (Last): Struemph

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10, 1914
9. AGE (In years last birthday): 39 — If under 1 year: Months 4, Days 23 — 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: Housekeeping
11. BIRTHPLACE (City and State or Foreign Country): Osage County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Laubert
13b. MOTHER'S MAIDEN NAME: Anna Welschmeyer
14. NAME OF HUSBAND OR WIFE: Ben Struemph

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.:
17. INFORMANT'S ~~SIGNATURE~~ OR NAME ADDRESS: Ben Struemph, Freeburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH: few months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive cardiovascular disease — years
DUE TO (c) ~~[illegible]~~

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443 X
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) m.
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* Oct 31, 1953, *to* Nov 3, 1953; *that I last saw the deceased alive on* Nov 3, 1953 *and that death occurred at* 10:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon C Taylor M.D
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: 11-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/5/53
24c. NAME OF CEMETERY OR CREMATORY: Holy Family Cemetery
24d. LOCATION (City, town, or county) (State): Freeburg, Missouri.

DATE REC'D BY LOCAL REG.: Nov. 4-1953
REGISTRAR'S SIGNATURE: R. P. Dorris MD-NR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible] Vienna, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 [illegible]

Licensed Embalmer No. 3664

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.