. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11851

State File No.

Registration District No. 173 — Primary Registration District No. 6015 A — Registrar's No. 19

1. PLACE OF DEATH:
(a) County St. Francois Co.
(b) City or town Near Farmington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 yr. 9 mo. 21 da (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Libertyville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Catherine Kiepe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Kiepe
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased (Month) (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
73	Un	Un	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Copenhagen Cem., Farmington, Mo.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 3-11-42 (Date received local registrar) (b) Byrds S. Buhrmester (Registrar's signature)

1116 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9 year 1942 hour 5 minute 40 P.M.
21. I hereby certify that I attended the deceased from 5-8-41, 19, to 3-9-32, 19, that I last saw her alive on 3-9, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death (Cerebral hemmorrhage (massive, recurrent))	Duration 1 Day.
Due to Generalized Arteriosclerosis	14 Day.
Due to	
Other conditions (Include pregnancy within 3 months of death) Psychosis & Cerebral arteriosclerosis	
Major findings: Of operations 1	
Of autopsy 8 30	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Earl Dehnert (M. D. or other) MD
Address Farmington, Mo. Date signed 3-11-42

RECEIVED
District Health Officer No. 4
District File Number 442 - 430
Date Filed 4 - 10 - 42

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.....

.....me....., Registered Apprentice No.....,

working under my personal supervision.

Signed O H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington NM

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.