

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9683**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **5796** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Walker</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Walker</b> <b>1680</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>Rural Walker</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUISE</b> b. (Middle) <b>ALBERTIN</b> c. (Last) <b>BLEICH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3/5/50</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>11/4/1866</b>		9. AGE (In years less birthday) <b>83</b>		10. MONTHS <b>1</b> DAYS <b>1</b> HOURS <b>0</b> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Valenia, Russia</b> <b>6</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Albertin</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Sagger</b>		14. NAME OF HUSBAND OR WIFE <b>Theo. Bleich</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Melie Bleich, California, Mo.</b>	
				ADDRESS	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		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.						<b>4500</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>Rural (Walker) Moniteau Mo</b>			
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 **May 1, 1949**, to **Mar 4, 1950**, that I last saw the deceased alive on **Mar 4, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H.A. Brown</b>		23b. ADDRESS <b>California</b>		23c. DATE SIGNED <b>3/6/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/7/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetry</b>	
				24d. LOCATION (City, town, or county) (State) <b>California, Moniteau, Mo.</b>	

DATE RECD BY LOCAL REG. <b>3/7/50</b>		REGISTRAR'S SIGNATURE <b>W.R. Proszko</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLIAMS FUNERAL HOME, California, Mo.</b>	
		202		ADDRESS	

0680

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

District File Number  
District Health Officer No. 9  
RECEIVED  
MAR 20 1950

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 *H. E. Fridinger* .....

Licensed Embalmer No. *2854* .....

P. O. Address *California 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.