

68
MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15561

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau
(b) Township Waller
(c) City Waller

Registration District No. 576

Primary Registration District No. 5769

Registered No. 22

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. California Mo. R.F.D. St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rhoda Gintz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-1887
7. AGE YEARS 87 MONTHS 10 DAYS 18 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

13. NAME Christian Gintz

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Phillipina Barnhart

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Rhoda Gintz
ms Gintz mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cmn DATE 4/20 1939

19. FUNERAL DIRECTOR (NAME) Waller's Funeral (ADDRESS) California Mo

20. FILED 4-22 1939 W.R. Popejoy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1936, 19 to April 18, 1939, 19

I last saw him alive on April 14, 1939, 19. Death is said to have occurred on the date stated above, at 5:30 A.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis.

Date of onset

1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter L. Leslie M. D.

(Address) Russellville Mo.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed H E Friedmeyer
Licensed Embalmer No. 12854
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, above space should be left blank.