

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39178

1. PLACE OF DEATH

37 County Gasconade
 2 Township Hermann
 6 City Hermann (No. 303)

Registration District No. 303Primary Registration District No. 4182

File No. _____

Registered No. 22

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-25-1903</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>8</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo13. NAME Jacob Danuser14. BIRTHPLACE (CITY OR TOWN) Little Berger (STATE OR COUNTRY) Mo15. MAIDEN NAME Wilhelmina Danuser16. BIRTHPLACE (CITY OR TOWN) Berger (STATE OR COUNTRY) Mo17. INFORMANT J. C. Danuser (ADDRESS) Hermann Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. DATE 12/21 193219. UNDERTAKER Hugo Blum (ADDRESS) Hermann Mo20. FILED 12-21 1932 Anna K. Rieckhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 193222. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1932, to Dec 19 1932I last saw him alive on Dec 19 1932 Death is saidto have occurred on the date stated above, at 11 a. m.

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

Double Lobar Pneumonia Date of onset Dec. 11 193211A
108
110Other contributory causes of importance: InfluenzaName of operation none Date of _____What test confirmed diagnosis? Normal Discharge Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1932Where did injury occur? (1)

(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? No

If so, specify _____

(Signed) H. G. Rickhoff, M. D.(Address) Hermann Mo

