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.

MAR 18 1936

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

Do not use this space.

5389

1. PLACE OF DEATH
County GASCONADE — Registration District No. 303 — File No.
Township ROARK — Primary Registration District No. 4182 — Registered No.
City HERMANN (No. , St. Ward)

2. FULL NAME WILLIAM DANIEL GATZERMEYER
(a) Residence, No. HERMANN, MO St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1924
7. AGE: YEARS 11 — MONTHS 11 — DAYS 6 — If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann, Mo

FATHER
13. NAME WILLIAM GATZERMEYER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN RFD

MOTHER
15. MAIDEN NAME ELVIRTA HOESSLI
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN Mo

17. INFORMANT (ADDRESS) WILLIAM GATZERMEYER HERMANN, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ST GEORGES CATHOLIC DATE FEB 8 1936
19. UNDERTAKER (ADDRESS) Hugo Blumer Hermann Mo
20. FILED 2-6 1936 Anna K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1936
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:
Injuries sustained, when sled upon which he was riding, collided with an automobile.
Date of onset
Other contributory causes of importance: 10 M
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-5, 1936
Where did injury occur? Hermann, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On street in Hermann, Mo
Manner of injury Sleigh collided with auto
Nature of injury Punctual wound left side of abdomen Head possible fracture of skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. J. Wessling, M. D.
(Address) Hermann Mo