

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.

REC. MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

6697

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade

(b) Township

(c) City Hermann

(e) Length of residence in city or town where death occurred

Registration District No. 303

Primary Registration District No. 4182

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edward Carl Dilthey

(a) Residence, No. Hermann, Missouri St. ☐

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Elizabeth Dilthey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 5th., 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

69

2

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Laborer

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)

April 1937

11. Total time (years) spent in this occupation

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

Hermann

Mo

FATHER

13. NAME

Peter Dilthey

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

Germany

MOTHER

15. MAIDEN NAME

Johanna Franke

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

Germany

17. INFORMANT (ADDRESS)

John Dilthey

California, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hermann City

DATE 2/9/38

19. FUNERAL DIRECTOR (ADDRESS)

Hugo Blumer

Hermann, Mo

20. FILED

2-9

1938

Anna K. Rickhoff

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/7

1938

22. I HEREBY CERTIFY, That I attended deceased from

10-7

1937

to 2-7

1938

I last saw him alive on 2-6, 1938 Death is said

to have occurred on the date stated above, at 1:30 P. M.

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

Chronic Nephritis

131

Date of onset

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

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) Howard Horkman, M. D.

(Address) Hermann, Mo

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160
hereby certify that the body recorded on the reverse side of this certificate was embalmed by above

L. E.
No. or by
working under my personal supervision.

Signed Hugo H. Blumer, Registered Apprentice No.
Licensed Embalmer No. 3160

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.)