REC'D SEP 21 1938

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

28858
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade — Registration District No. 303
(b) Township — Primary Registration District No. 4182 — Registered No.
(c) City Hermann — (d) Street No. 310 W. Seventh St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? Unknown yrs. mos. ds.

2. PRINT FULL NAME Michael Dobmeier Sr
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Emma Dobmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1853

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	4	18	

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

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

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm Wherle
(ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Georges Cem DATE 8-22 1938

19. FUNERAL DIRECTOR Hugo Blumer
(ADDRESS) Hermann, Mo

20. FILED 8-22 1938 Henry Rickhoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1930, to Aug. 20, 1938
I last saw h.... alive on Aug. 20, 1938. Death is said to have occurred on the date stated above, at 3:00A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pericarditis	1930

91

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clotheyes 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 ....., 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? No.
If so, specify .....
(Signed) A. G. Jeter, D.O., M.D.
(Address) Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

37 2 0

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Hugo Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo Blumer

L. E.

No. 3160 or by , Registered Apprentice No.

working under my personal supervision.

Signed Hugo Blumer

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.)