

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

Do not use this space.

1. PLACE OF DEATH

County GASCONADE

Registration District No. 306

Township BOENF

Primary Registration District No. 5424

City BOENF (No. 1)

File No. 35645

Registered No. 9

St. Boenf Ward 1

2. FULL NAME

LOUISA CHARLOTTE DOERMANN

(a) Residence, No. 1

St. Boenf

Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. ☒ mos. ☒ ds. How long in U. S., if of foreign birth? ☒ yrs. ☒ mos. ☒ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

FEMALE

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

JOHN H DOERMANN

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

APR 16 - 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

68

4

21

OCCUPATION

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

HOUSEWIFE

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)

SW 188. 1170.

FATHER

13. NAME

FRUGST STEINBECK

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

1874. MO

MOTHER

15. MAIDEN NAME

LOUISA TAPPA

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

GERMANY

17. INFORMANT (ADDRESS)

Gottlieb Tramb.

18. BURIAL, CREMATION, OR REMOVAL

OWNERSVILLE, MO

PLACE

STONY HILL

DATE 10/10. 1. PM 1935

19. UNDERTAKER (ADDRESS)

HERMAN BLUMER

20. FILED

10 & 125 JOHN ENGELBRECHT

Registrar

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

OCT 7 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 14, 1938, to Oct. 7, 1938

I last saw him alive on Oct. 4, 1938. Death is said

to have occurred on the date stated above, at 7:30 P. M.

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

Arteriosclerosis

Date of onset 1936

Other contributory causes of importance:

Chronic interstitial nephritis Feb. 1938

Name of operation

✓

What test confirmed diagnosis? B.P. examination

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

Accident, suicide, or homicide? ✓ Date of injury 1938

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)

W. H. Oster

(Address)

Boenf, Mo.

