REC'D NOV 15 1938

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

35652
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade
(b) Township Roark
(c) City
(d) Street No. , 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
520

Registration District No. 303
Primary Registration District No. 5420
Registered No.

2. PRINT FULL NAME Caroline Bernhardine Loehnig
(a) Residence, No. Hermann, Missouri RFD St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar W. Loehnig

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwt
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) 8-38
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Missouri 6

FATHER
13. NAME Herman Schweerkotting 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophia Saatmann 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Oscar W. Loehnig, Hermann, Mo RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann City Cem DATE 11-2-38, 19

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

20. FILED 11-1, 1938 Anna R. Rickhoff, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/18/38, 19..., to 10/30/38, 19...
I last saw her alive on Sun. Oct. 30, 1938 Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

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, 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) Howard Workman, M. D.
(Address) Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 HUGO H. BLUMER

L. E.

No. 3160 or by Registered Apprentice No.

working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)