

1890 DEC 5

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39092
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016
 (c) City Washington, Mo. (d) Street No. 18 W. Sixth St., Washington, Mo. Registered No. 97
 (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 70 yrs. ✓ mos. ✓ ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME

(a) Residence, No. 18 W. Sixth St., Washington, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 OR (OR) WIFE OF Charles D. Watermann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8, 1856
 7. AGE YEARS 82 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) May 1938 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland, Ohio
 13. NAME John Hermann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
 15. MAIDEN NAME Frieda Hermann
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
 17. INFORMANT (ADDRESS) William Watermann
18 W. Sixth St., Washington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Nov 14th 1938
 19. FUNERAL DIRECTOR (ADDRESS) Rieburg & Vitt, Inc.
Washington, Missouri
 20. FILED Nov. 12-1938 H. A. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to Nov 12, 1938
 I last saw him alive on Nov 11, 1938. Death is said to have occurred on the date stated above, at 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis and heart changes
 Other contributory causes of importance: age
 Name of operation ✓ Date of ✓
 What test confirmed diagnosis? ✓ Was there an autopsy? Yes
 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) O. L. Munnah, M. D.
 (Address) Washington, Mo.

STATEMENT BY LICENSED EMBALMER

I, Lester H. Vitt, Licensed Embalmer No. 3254

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. 3254

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.)