

DEC 1 JAN 24 1939

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

43022

Do not use this space.

## 1. PLACE OF DEATH

(a) County Gasconade <sup>2</sup>Registration District No. 303(b) Township HermannPrimary Registration District No. 4182

Registered No. \_\_\_\_\_

(c) City Hermann(d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 Louise Anna Kautz(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugo Kautz6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 10OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HWI.  
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) 12/23/38 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyFATHER 13. NAME Frank Christopher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Hugo Kautz  
Hermann, Missouri18. BURIAL, CREMATION OR REMOVAL PLACE Jonesburg DATE 12/21  
City Cem.19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Blumer  
Hermann, Missouri20. FILED 12-27 38 Anna K. Riedhoff  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 193822. I HEREBY CERTIFY, That I attended deceased from Jan 15<sup>th</sup> 1938, to Dec. 24, 1938I last saw her alive on Dec. 24, 1938. Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Mitral Insufficiency Date of onset 1/21

Other contributory causes of importance:

Chronic NephritisName of operation L Date of LWhat test confirmed diagnosis? L Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L, 1938Where did injury occur? L (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury LNature of injury L24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Howard H. Blumer, M. D.(Signed) Hermann (Address) Hermann, Mo  
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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.

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 with the above constitutes grounds for revocation of license.)**