

1939 MAY 18

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

14826
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 Herrmann (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1630 Mary Ward
(a) Residence, No. _____ St. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. B. Ward
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1874
7. AGE YEARS 64 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) Herrmann (STATE OR COUNTRY) Mo
FATHER 13. NAME Anton Helmeis
14. BIRTHPLACE (CITY OR TOWN) Herrmann (STATE OR COUNTRY) Mo
MOTHER 15. MAIDEN NAME Mary Fuchman
16. BIRTHPLACE (CITY OR TOWN) Herrmann (STATE OR COUNTRY) Mo
17. INFORMANT E. B. Ward (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE Herrmann DATE 4/28/39
19. FUNERAL DIRECTOR (NAME) W. H. ... (ADDRESS) _____
20. FILED 4-26 1939 Anna R. Reithoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26/39 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939, to Apr 26 1939
I last saw her alive on Apr 26 1939 Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Colon Date of onset _____
Other contributory causes of importance: H^o
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 1939
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 M. ... M. D.
(Address) Herrmann Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by by me

....., Registered Apprentice No.

working under my personal supervision.

Signed G. Ruediger

Licensed Embalmer No. 2044

P. O. Address Herrman, Mo

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.)

If this body is not embalmed, above space should be left blank.