

REC'D MAY 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14835

Do not use this space.

1. PLACE OF DEATH

(a) County GaesonadeRegistration District No. 303(b) Township RoarkPrimary Registration District No. 5420

Registered No. _____

(c) City _____

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

2. PRINT FULL NAME

LENA WILLIMANN(a) Residence, No. Hermann, Missouri RFDSt. ☐

(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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharles Willimann

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

May 12, 1864

7. AGE

YEARS

75

MONTHS

10

DAYS

26

If LESS than 1

day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.HWI9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) 4/3/3911. Total time (years)
spent in this
occupation 5012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Little Berger, Mo

FATHER

13. NAME Henry Muediger14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME Megina Oetterer16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Charles WillimannHermann, Mo RFD

18. BURIAL, CREMATION, OR REMOVAL

PLACE BergerDATE 4/10/39St. John's Cem.19. FUNERAL DIRECTOR
(ADDRESS)Hugo H. BlumerHermann, Mo

20. FILED

4-101939Anna R. Rickhoff

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Apr. 5, 1939, to Apr. 8, 1939I last saw him alive on Apr. 7, 1939 Death is saidto have occurred on the date stated above, at 3:00 A.M.

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

Apoplexystroke

Date of onset

4/5/39

Other contributory causes of importance:

Arteriosclerosisunknown

Name of operation _____

Date of _____

What test confirmed diagnosis? B.P.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 _____, 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) W. J. Oates, D.O.(Address) Hermann, Mo.274

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.)