REC'D SEP 14 1939

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

29107
Do not use this space.

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.

37
2

1. PLACE OF DEATH

(a) County Gasconade 2 Registration District No. 303

(b) Township 1 Primary Registration District No. 4182 Registered No.

or

(c) City Hermann (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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

415

2. PRINT FULL NAME SABINA ANNA ROHLFING

(a) Residence, No. Hermann, Mo 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christ Rohlfing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep. 9, 1868

7. AGE: YEARS 70 | MONTHS 11 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwf
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 5-39
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gasconade Co, Mo

FATHER
13. NAME: Christopher Humburg 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Martha Helberg 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Co, Mo

17. INFORMANT (ADDRESS): Mrs. Lydia Hoerstkamp Hermann, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE 9/4/39 19

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

20. FILED 9-2 1939 Anna K. Rinkhoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/31/39, 19..., to 8/31/39, 19...
I last saw her alive on 8/31/39, 19... Death is said to have occurred on the date stated above, at 7 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
9 2 a	

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? .....
If so, specify .....
(Signed) Howard Workman, M. D.
(Address) Hermann, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Hugo H Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, MO

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

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