

JAN 10 1941 83
Registration District No. _____

Primary Registration District No. 6029

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME

EMMA HERMAN 655

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 28 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace COFFMAN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name VALENTINE HERMAN

18. Birthplace ZELL MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY VOLT

15. Birthplace COFFMAN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Herman

(b) Address Harrington Mo 64633

17. (a) BURIAL (b) Date thereof DEC 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COFFMAN MO

18. (a) Signature of funeral director Leo C. Bagler

(b) Address St. Simons Mrs J. H.

19. (a) Dec. 30, 1939 (b) Mrs. A. G. Bagler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year _____ hour _____ minute 9:10 P. M.

21. I hereby certify that I attended the deceased from June 15 1938
_____, 19____, to Dec 20 1939, 19____

that I last saw her alive on Dec 5, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 1937

Due to _____

Due to _____

Other conditions Metastatic Carcinoma 1938
(Include pregnancy within 3 months of death)

Major findings: of Cervical Glands

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur E. Sauer (M. D. or other) _____

Address St. Simons Mo Date signed 12-21-39

PHYSICIAN
Underline the cause to which death should be charged statistically.

Rev. 5-17-39
1 x1931

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Geo. C. Basler....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. C. Basler.....

Licensed Embalmer No. 1955.....

P. O. Address St. Helena, Va......

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.