

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.

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

10905

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 Hermann (d) Street No. Workman Hospital 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

280 MINNIE FAES
 (a) Residence, No. Hermann, MO St. 0
 (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 Joseph faes Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1857

7. AGE YEARS 82 MONTHS 6 DAYS 16 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.
 10. Date deceased last worked at this occupation (month and year) 6/35 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Berger (STATE OR COUNTRY) Missouri

FATHER 13. NAME Daniel Haid Sr
 14. BIRTHPLACE (CITY OR TOWN) Switzerland (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Theresa Speckhals
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Joe faes Jr (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL 3/14/40
 PLACE Berger b.v. Cem. DATE 19

19. FUNERAL DIRECTOR (NAME) HUGO H. Blumer (ADDRESS) Hermann, MO 7-14

20. FILED 3-13 1940 Anna K. Rickhoff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12- 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1940 to Mar 12 1940
 I last saw her alive on March 12 1940. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Senile Degeneration of Left Foot & Leg
97

Other contributory causes of importance: Arterio-Sclerosis

Name of operation none 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? Accident 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 Accident
 Nature of injury Accident

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Howard H. Blumer M. D.
 (Address) Hermann, Mo

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 A. Blum

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

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