

JUN 13 1940

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

18361
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township 2 Primary Registration District No. 4182 Registered No. _____
(c) City Hermann (d) Street No. 217 5. Second St. 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 516 HENRIETTA HUMBURG 217 5. Second 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 widowed
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Humburg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 9 17

8. Trade, profession, or particular kind of work done, as lawyer, 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) 1937 11. Total time (years) spent in this occupation 60

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

13. NAME Franz Keeney

14. BIRTHPLACE (CITY OR TOWN) Unkown
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Schimpf

16. BIRTHPLACE (CITY OR TOWN) Unkown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Rosa Schmidt
(ADDRESS) Hermann, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. 5-8-40 19

19. FUNERAL DIRECTOR (NAME) Herman Blumer 274
(ADDRESS) Hermann, MO

20. FILED 5-8 1940 Anna K. Rickhoff
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940, to May 5, 1940
I last saw her alive on May 4, 1940. Death is said to have occurred on the date stated above, at 2.2 m.
The principal cause of death and related causes of importance were as follows:

Bronchus Pneumonia

Date of onset Apr 30
40

Other contributory causes of importance:

Arterial Sclerosis, and Senility

Name of operation Heart Diagnosis 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) H. J. Rickhoff, M. D.
(Address) Hermann, 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alger 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.