

~~FILED AUG 18 1940~~
303

Registration District No. **4182**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Gasconade**
 (b) City or town **Hermann**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **East Second St**
 (If not in hospital or institution, write street number or location) **2**
 (d) Length of stay: In hospital or institution **68 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **PAULINA MATHILDA TEKOTTE**

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 **Married**

6. (b) Name of husband or wife **Henry W. Tekotte** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased: **March 9 1872**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **11** If less than one day hr. _____ min. _____

9. Birthplace: **Hermann Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ernest Gaebler**

13. Birthplace **Germany**
 (State or foreign country)

14. Maiden name **Elna Seen**

15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Henry W. Tekotte**
 (b) Address **Hermann, Mo**

17. (a) **Burial** (b) Date thereof **Aug. 22, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hermann City Cem.**

18. (a) Signature of funeral director **HUGON BLUMER**
 (b) Address **Hermann, Missouri**

19. (a) **8-22-40** (b) **Anne K. Riedhoff**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Gasconade**
 (c) City or town **Hermann**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **East Second Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20**
 year **1940** hour **2** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **August 18**, 19 **40**, to **August 20**, 19 **40** that I last saw her alive on **August 20**, 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** **2 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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? _____

23. Signature **J. Keating** (M. D. or other) _____
 Address **Hermann, Mo** Date signed **8-21-40**

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**
Hermann, Missouri
P. O. Address.....

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, fact should be so stated above.