

WHILE FILLING IN—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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29549
Registrar's No. 35

Registration District No. 780 Primary Registration District No. 6025

1. PLACE OF DEATH:

(a) County Ste Genevieve Mo
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (years, months or days) 65

3. (a) PRINT FULL NAME MARY ANNA HERMANN

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 _____ 6. (c) Age of husband or wife If _____

7. Birth date of deceased Feb 5 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Wurgastia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Messig

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

14. Maiden name Margaret Kettinger

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

16. (a) Informant's own signature Hy B. Grith

(b) Address New Effersburg Mo

17. (a) Burial (b) Date thereof Aug 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wurgastia Mo

18. (a) Signature of funeral director Geo C. Masler

(b) Address Ste Genevieve Mo

19. (a) Aug 2/40 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1
year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 21, 1939 to Aug 1, 1940
that I last saw her alive on July 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerosis Duration 54 yrs.

Due to _____
Due to 97

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

Major findings: 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? _____

(Specify type of place) _____ (e) Means of injury _____

28. Signature Arthur E. Suman (M. D. or other) 12-20

Address Ste Genevieve Mo Date signed _____

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.....

L. C. Basler

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

working under my personal supervision.

Signed.....

L. C. Basler

Licensed Embalmer No.....

1985

P. O. Address.....

St. Luevenus 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.