

No. 2
-13-40
17-39
X23159

REC'D
SEP 18 1940

Registration District No. **303**

Primary Registration District No. **4182**

Registrar's No. _____

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:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20
 (Specify whether
 In this community 4 months
 years, months or days)

3. (a) PRINT FULL NAME TANS EIKERMANN
3. (b) If veteran, name war _____ **3. (c) Social Security No.** _____

4. Sex Male **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. 14 1873
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 67 | 0 | 10 | hr. min. |

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

10. Usual occupation None

11. Industry or business _____

12. Name Herman Eikermann

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

14. Maiden name Caroline Deppe

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

16. (a) Informant Louis Engelbrecht

(b) Address Hermann, Missouri

17. (a) Burial _____ **(b) Date thereof** 9/27/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bohl Family Cem. Swis

18. (a) Signature of funeral director H. H. Blum

(b) Address Hermann, Missouri

19. (a) 9-26-40 **(b) Anna 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. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 24
 year 1940 hour 4:45 P. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 20, 1940
 _____, 19____, to Sept. 24, 1940 19____;
 that I last saw him alive on Sept 24, 1940, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Arteriosclerosis

Due to _____

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) 1. 3

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 NO. 274 _____

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

23. Signature W. H. Fisher (M. D. or other) DO

Address Hermann, Mo Date signed 9/25/40

Duration 9/19/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

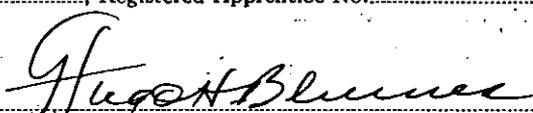
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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.