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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14483

Registration District No. 303 | Primary Registration District No. 5420 | Registrar's No.

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

700

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Rural, Roark (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 Mi. west of Hermann, Mo / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 20 years

2. USUAL RESIDENCE OF DECEASED: 37
(a) State: Missouri (b) County: Gasconade
(c) City or town: Hermann, Mo. Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location): 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Louise Caroline Heumann
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: Widowed
6. (b) Name of husband or wife: Bernhard Heumann
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 13 (Day) 1850 (Year)
8. AGE: Years 90 Months 10 Days 16 If less than one day hr. min.
9. Birthplace: Bay (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Carl Westholz
13. Birthplace: / Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Caroline Osenfort
15. Birthplace: / Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Julius Buchholz
(b) Address: Hermann, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1 '41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bay St. Paul's Cem.
18. (a) Signature of funeral director: Hugo H. Blumer
(b) Address: Hermann, Mo
19. (a) 5-1-41 (Date received local registrar) (b) Anna K. Rieckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1941 hour 1:30 PM minute M.
21. I hereby certify that I attended the deceased from March 23, 1941, to April 29, 1941; that I last saw her alive on April 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart Disease	2 yrs +
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: F. J. Wessling (M. D. or other)
Address: Hermann Mo Date signed: 5-1-41

(Licensed Embalmer's Statement on Reverse Side)

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, 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, fact should be so stated above.