

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.

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

17768

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township _____ Primary Registration District No. 4182 Registered No. _____
 (c) City Hermann (d) Street No. 136 W. First Street _____ 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 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

MARY ANNA WINKLER
 (a) Residence, No. 136 W. First Street _____ 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 (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1869
 7. AGE YEARS 72 MONTHS 4 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired milliner
 9. Industry or business in which work was done, as saw mill, bank, etc. Hat Company
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

FATHER 13. NAME John Winkler

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie Koechele

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

17. INFORMANT Rev. R. H. Kasmann (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stephens Cem. DATE May 19, 1941

19. FUNERAL DIRECTOR (NAME) Hugo H. Blumer (ADDRESS) Hermann, Missouri

20. FILED 5-17- 1941 Anna R. Rickhoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1941, to May 16, 1941
 I last saw him alive on May 16, 1941 Death is said to have occurred on the date stated above, at 7:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis

Date of onset

May 12
1941

Other contributory causes of importance:

Arterial Sclerosis and
Arthma

Name of operation Purulent Date of _____
 What test confirmed diagnosis? Diagnosis Was there an autopsy? No

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. G. Rickhoff M. D.
Hermann, Mo (Address)

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. Blumeyer

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, above space should be left blank.