

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 303

Primary Registration District No. 4182

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(c) Name of hospital or institution: 126 E. Third Street
(d) Length of stay: 65 years
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(d) Street No. 126 E. Third Street
(e) If foreign born, how long in U. S. A.? 70 years

3. (a) PRINT FULLNAME MRS. AUGUSTA GUENTHER

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 Albert Guenther 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 18, 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Hwf.

11. Industry or business _____

MOTHER FATHER { 12. Name John Pega
13. Birthplace Germany
14. Maiden name Justine Gunch
15. Birthplace Germany

16. (a) Informant George Guenther
(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7-42
(Month) (Day) (Year) Burial

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri

19. (a) March 7-42 (Date received local registrar) (b) Anna K. Rickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 3-1
1, 1942 to 3-4, 1942
that I last saw her alive on 3-4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____
Due to apoplexy

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Howard H. Blumer (M. D. or other) _____
Address Hermann Date signed 3-7-42

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

37
1
0

037
1
0

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.