

FILED ~~NOV~~ 20 1942 3
Registration District No.

Primary Registration District No. 5420

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Hermann ~~Blount, Miss~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 114 E. 11th St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 57

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 114 E. 11th St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA ANNA SEXAUER

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm Sexauer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 16 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>4</u>	hr. min.

9. Birthplace Hermann 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Hwf

11. Industry or business

MOTHER FATHER { 12. Name Frederick Huber

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Klotz

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Sexauer

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof Apr 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) April 22, 1942 (b) A. H. Siddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20, 1942
year 12.15 A.M. hour 12.15 M.

21. I hereby certify that I attended the deceased from 1937 to April 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
arteriosclerosis

Due to arteriosclerosis

Due to 1

Other conditions 830
(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?.....
(City or town) (County) (State)

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

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

23. Signature A. H. Siddle (M. D. or other) 1
Address Washington Mo Date signed 4/22/42

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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. Blumel*.....
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.