

FILED SEP 15 1942

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

27109

Do not use this space.

1. PLACE OF DEATH

(a) County CassRegistration District No. 119

(b) Township

Primary Registration District No. 4193

(c) City or

Hermann Mo

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

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)

Dec 13-1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

4885

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Shoemaker

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Aug 15-42

11. Total time (years) spent in this occupation

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

Morrison Mo

FATHER

13. NAME

Joseph Augustine

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

Little Berge

MOTHER

15. MAIDEN NAME

Anna Birk

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

Morrison Mo

17. INFORMANT (ADDRESS)

Frank Augustine Hermann

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Morrison

DATE

Aug 21-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Edmund Hermann, Mo.

20. FILED

Aug 20, 1942

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 18, 1942

22. I HEREBY CERTIFY, That attended deceased from

Aug 15-1942 to Aug 18, 1942I last saw Per. alive on Aug 18, 1942 Death is saidto have occurred on the date stated above, at 9:15 P. M.

The principal cause of death and related causes of importance were as follows:

Peritonitis & Appendicitis

Other contributory causes of importance:

Name of operation Drainage Date of Aug 17-42What test confirmed diagnosis? Sm. Was there an autopsy? Yes

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) Steward Workman M. D.(Address) Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 18 1944

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 myself,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

E. R. Ruediger

Licensed Embalmer No.

3044

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, above space should be left blank.