

FILED SEP 21 1942

Primary Registration District No. 4193

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: East First Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. East First Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MINNIE HANS

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 Married

6. (b) Name of husband or wife John Hans 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 11, 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation HWP.

11. Industry or business

12. Name Wm. Vorderbruegge

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

14. Maiden name Louise Temme

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

16. (a) Informant John Hans

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 8/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZionsEvang. Ref. Cem.

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

(b) Address Hermann, Missouri

19. (a) Aug. 1942 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th 1942
year hour minute 4:20 M.

21. I hereby certify that I attended the deceased from April 16/42
to Aug. 18th 1942
that I last saw her alive on Aug 17th
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Uterus

Due to
Other conditions (Include pregnancy within 3 months of death) 486

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?

While at work? (Specify type of place) (a) Manner of injury

23. Signature A. H. Siedler (M. D. or other)
Address Hermann Date signed Aug 19 1942

