

FILED JAN - 6 1943

Registration District No. 179

Primary Registration District No. 4193

Registrar's No. 39

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 W. Seventh Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 85 years (Specify whether years, months or days)
In this community 85 years

3. (a) PRINT FULL NAME MRS. LOUISA DANUSER

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Danuser 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 21, 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business

12. Name Christ Oelschlaeger

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

14. Maiden name Maria Kraettli

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

16. (a) Informant Christ. Danuser

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 12/16/42
(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, Missouri

19. (a) Dec. 16-42 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

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. West Seventh Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1942 hour 7:00 minute 40 M.

21. I hereby certify that I attended the deceased from Aug 1st 1941 to Dec. 13 1942
that I last saw her alive on Dec. 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Stomach
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature Howard H. Blumer (M. D. or other)

Address Hermann, Mo. Date signed 12-13-42

JAN 19 1943

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.....

Hugh H. Blumer
.....
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.