

S. No. 2
M-9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14253

State File No. _____

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 6

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:
Workmann Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME JOSEPH ETZEL

3. (b) If veteran, name war None 3. (c) Social Security No. 494-22-3978

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Emilie Etzel 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased June 28 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 8 hr. min.

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

10. Usual occupation Printer

11. Industry or business _____

12. Name Oberlehrer Etzel

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

14. Maiden name Unknown

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

16. (a) Informant Herbert Gardemann

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 4-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

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

(b) Address Hermann, Mo

19. (a) April 8, 43 (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. 208 E. First St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 6
year 1943 hour 5:15 minute 6 M.

21. I hereby certify that I attended the deceased from Mar 17, 1943, to Apr 6, 1943

that I last saw him alive on Apr 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Esophagus

Due to Had Carcinoma of Esophagus 12 yr ago.

Due to _____

Other conditions 46 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature Howard H. Siedler (M. D. or other) _____

Address Hermann Mo Date signed 4-8-43

1261 (Licensed Embalmer's Statement on Reverse Side)

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. Blumer

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.