

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:
213 West Second St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 24 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME KARL GOTTLÖB BRAUTIGAM

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

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

6. (b) Name of husband or wife Sophia Brautigam 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct 15 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 6 If less than one day
hr. min.

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

10. Usual occupation Farmer (retired)

11. Industry or business

12. Name Karl Brautigam
13. Birthplace Germany (State or foreign country)
14. Maiden name Wilhemina Dieterle
15. Birthplace Germany (State or foreign country)

16. (a) Informant Mrs. Sophia Brautigam

(b) Address Hermann, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43
(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) June 23, '43 (b) A. H. Hedler
(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. 213 West Second 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 June day 20
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1 1942 to June 20 1943

that I last saw him alive on June 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory collapse Duration

Due to frangere

Due to foot

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?

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

23. Signature Howard W. ... (M. D. number)
Address Hermann, Mo Date signed 6-23-43

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EP14

911

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. Blument

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.