

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28177

State File No.

Registrar's No. 16

FD. SEP. 4 1943
Registration District No. 19

Primary Registration District No. 5443

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

1. PLACE OF DEATH:

(a) County Gasconade

(b) City or town Roark Twp (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 mi. South of Hermann
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 8 mi. South of Hermann
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MRS. MARGARET HUG

3. (b) If veteran, name war..... (c) Social Security No.

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

6. (b) Name of husband or wife Lorenzo Hug 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. July 31 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	0	30 hr. min.

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

10. Usual occupation Hvf.

11. Industry or business.....

MOTHER FATHER

12. Name Unknown Maeser

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

14. Maiden name Unknown Habermehl

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

16. (a) Informant August Hug

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 9/1/43
(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) Sept. 1, 1943 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1 1943 to Aug. 30 1943
that I last saw her alive on Aug. 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
due to bed sores
Due to caused by urethral
paralysis leading in bed.

Other conditions 24h
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy none

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 John Engelbrecht (M. D. or other).....
Address Stacy Hill, Mo. Date signed Sept 1, 43

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..... *Robert 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.