

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34552

State File No. _____

NOV 5 1943

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 20

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:
105 E. Third 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 79 years
years, months or days)

3. (a) PRINT FULL NAME Mary Magdalena Faes

3. (b) If veteran, name war ## 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 Charles Faes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 18 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 9 hr. min.

9. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name M. Neumann Sr
13. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)
14. Maiden name Magdalena Schlick
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Faes
(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Georges Cemetery

18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Mo

19. (a) Oct 29 1943 (b) B. H. Lieder
(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. 105 E. Third 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 Oct day 29
year 1943 hour 8:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from October 24, 1943 to October 27, 1943
that I last saw her alive on October 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 days

Due to _____

Due to _____

Other conditions _____
(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) Means of injury _____
23. Signature F. J. Kessling (M. D. or other) _____
Address Hermann Mo Date signed 10-29-43

(Licensed Embalmer's Statement on Reverse Side)

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

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. Blumberg

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.