

FILED JAN 6 1944
Registration District No. **779**

Primary Registration District No. **5442**

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

1. PLACE OF DEATH:

(a) County. **Gasconade**

(b) City or town. **Rural - Richland Twnp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
15 miles west of Hermann
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) **53 years**

In this community **53 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Gasconade**

(c) City or town. **15 miles west of Hermann**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **JULIA AUGUSTA BAECKER**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27**
year **1943** hour **3** minute **30** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife. **Henry F. Baecker**

6. (c) Age of husband or wife if alive. **66** years

7. Birth date of deceased. **July 18 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12/10 1943** to **12-27 1943**
that I last saw her alive on **12-24-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death. **apoplexy** Duration _____

8. AGE: Years Months Days If less than one day

53 5 9 hr. _____ min.

Due to _____

Due to _____

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

Other conditions. **82a!**
(Include pregnancy within 5 months of death)

10. Usual occupation. **Hwf.**

Major findings: _____

11. Industry or business _____

12. Name. **Christian Kotthoff**

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

14. Maiden name. **Julie Oycaschkey**

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

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant. **Henry F. Baecker**

(b) Address. **Hermann, Missouri RFD**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12/27/43**
(Month) (Day) (Year)

(c) Place: burial or cremation. **St. John's Evang. Cem.**

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

(b) Address. **Hermann, Missouri**

19. (a) **Dec 27, 1943** (b) **A. H. Hedler**
(Date received local registrar) (Registrar's signature)

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. Hedler** (M. D. or other) _____
Address **Hermann** Date signed **12-27-43**

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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. Shiner
.....
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.