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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42196

State File No.

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 26

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:
210 W. Second Street
(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)
In this community 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37 1

(c) City or town Hermann 0
(If outside city or town limits, write "RURAL")

(d) Street No. 210 W. Second
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY WILLIAM HELDT

3. (b) If veteran, name war ---------

3. (c) Social Security No. ---------

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Heldt

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased October (Month) 31 (Day) 1860 (Year)

8. AGE: Years 83 Months 1 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Henry Heldt
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Fredericka Neidergerke
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Mary Heldt
(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. James Cemetery, Big Springs, Mo.

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

19. (a) Dec. 24, 1943 (Date received local registrar) (b) A. H. Luedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-14, 1943, to 12-22-, 1943 that I last saw him alive on 12-22-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Hoekman (M. D. or other)
Address Hermann Date signed 12-23-43

1241

(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 Gregor 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.