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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42108

FILED JAN 6 1944

Registration District No. 194

Primary Registration District No. 5442

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution: 12 mi. S. W. 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 All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. 12 mi. S. W. of Hermann (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HILDA JANE ONCKEN

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 Married

6. (b) Name of husband or wife Christ Oncken

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April (Month) 24 (Day) 1894 (Year)

8. AGE: Years 49 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Hermann (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gustav Bohl
13. Birthplace Hermann (City, town, or county) Mo (State or foreign country) 0

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

16. (a) Informant Christ Oncken

(b) Address Hermann, Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6, '43 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Stolpe Cem.

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

(b) Address Hermann, Mo

19. (a) Dec. 6, 1943 (Date received local registrar) (b) A. H. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day third year 1943 hour about 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from died without medical attention, to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death hemopericarditis

Due to rupture of coronary artery

Due to chronic endocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above. Also piece of bone 15 cm lg. between lobes of brain resting on corpus callosum.

92e

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 W. A. Jeter, Coroner (M. D. or other) D. O.

Address Hermann, Mo. 3 Date signed 12/6/43

1261

(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 Hugo H. Blumer

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.