

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

Registration District No. **363** Primary Registration District No. **6226** Registrar's No. **7**

1. PLACE OF DEATH: Warren
 (a) County: Warren
 (b) City or town: **Rural (Charrette)**
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Herman Frederick Requat
3. (b) If veteran, name war:
3. (c) Social Security No.: none

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: August 13, 1868
 (Month) (Day) (Year)

8. AGE: Years: 75 Months: 6 Days: 18 If less than one day hr. min.

9. Birthplace: near Warrenton Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Herman Henry Anton Requat
13. Birthplace: Germany
 (City, town, or county) (State or foreign country)

14. Maiden name: Ernestina Louisa Bunte
15. Birthplace: Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant: August F. Requat
(b) Address: Wright City, Mo.

17. (a) Burial (Burial, cremation, or removal): Burial
(b) Date thereof: 3-4-44
 (Month) (Day) (Year)
(c) Place: burial or cremation: Lipstadt Ch. Cem.

18. (a) Signature of funeral director: F. W. Nieburg & Co.
(b) Address: Warrenton, Mo.

19. (a) Date received local registrar: Mar. 7, 1944
(b) Registrar's signature: E. H. Kehr

2. USUAL RESIDENCE OF DECEASED: 109
(a) State: Missouri **(b) County:** Warren
(c) City or town: Rural
 (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:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 1
 year: 1944 hour: 11:55 minute: P.M.

21. I hereby certify that I attended the deceased from: Mar. 21
 1944 to: Mar. 29, 1944
 that I last saw him alive on: Mar. 29, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis
 Duration: 3 days

Due to: wanton
 Duration: 30 days

Due to: carcinoma of stomach
 Duration: 1 year

Other conditions:
 (Include pregnancy within 3 months of death)

Major findings: Of operations: 46 lb
Of autopsy:

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: Herbert H. Schuchert (M. D. or other) M.D.
Address: Warrenton **Date signed:** 3-4-44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

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, by

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John J. Schering

Licensed Embalmer No.....

3897

P. O. Address.....

Warrenton, 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.