

FILED JUL 21 1944
Registration District No. 177

Primary Registration District No. 5443

Registrar's No. 24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3700

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Roark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 Mi. S. of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 63 years (Specify whether 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")
(d) Street No. 7 mi. S. 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 IDA LENA WEISER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leo Weiser 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov 7 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name Bernhard Stein

13. Birthplace Unkown
(City, town, or county) (State or foreign country)

14. Maiden name Louise Schwartz

15. Birthplace Unkown
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Weiser
(b) Address Hermann, Mo RFD

17. (a) Burial (b) Date thereof 7-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Geo. Catholic Cem.

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

19. (a) July 1, 1944 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1944 hour 4:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1st, 1944, to June 29, 1944
that I last saw her alive on June 29, 1944
and that death occurred on the date and hour stated above

Immediate cause of death Diabetic Coma Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury 0

23. Signature Howard Workman (M. D. or other) _____

Address Hermann Date signed 7-1-44

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-20-44

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, 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.