

FILED JUL 21 1944

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 22

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:
3 mi. S. of Hermann
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution. (Specify whether
In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME CHARLES LOUIS WILLIMANN

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 Widowed
6. (b) Name of husband or wife Lena Willimann 6. (c) Age of husband or wife if alive. years 1865
7. Birth date of deceased Oct 15 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 26 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Henry Willimann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Austermann
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Ervin Willimann

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 6-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Ev. Cemetery

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

(b) Address Hermann, Mo

19. (a) June 13/44 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. 3 mi S. of Hermann (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1944 hour 3:52 minute A M.

21. I hereby certify that I attended the deceased from June 7, 1944, to June 11, 1944.
that I last saw him alive on June 11, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to arteriosclerosis unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

6/9/44

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

23. Signature A. H. Siedler (M. D. or other) MD
Address Hermann, Mo Date signed 6/13/44

RECEIVED

District Health Officer No.

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.....

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.