

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 277700

FILED SEP 7 1944

Registration District No. 194

Primary Registration District No. 4193

Registrar's No. 29

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:
308 Market St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 66 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade ³⁷

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

(d) Street No. 308 Market St
(If rural, give location)

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

3. (a) PRINT FULL NAME JULIANA ANNA STRAUB

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 Widowed

6. (b) Name of husband or wife Wm Straub 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 1 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Hesse

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

14. Maiden name Elizabeth Schuster

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

16. (a) Informant Aug. Hesse

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 8-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

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

(b) Address Hermann Mo

19. (a) Aug. 12/44 (b) A. H. Hedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1944 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 9,
1944 to August 10, 1944.

that I last saw her alive on August 9, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy ^{Duration} 12 hrs.

Due to Arteriosclerosis

Due to 83A

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) (e) Means of injury _____

23. Signature H. H. Hedler (M. D. or other) D.O.

Address Hermann, Mo. Date signed 8/12/44

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

1261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-1-44

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.