

FILED DEC 7 1944

Registration District No. 1944

Primary Registration District No. 4193

Registrar's No. 36

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

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:
223 W. 5th St
 (If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution.....
 (Specify whether years, months or days) 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade 37
 (c) City or town Hermann 1
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 223 W. 5th St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1)

3. (a) PRINT FULL NAME LOUIS ROHLFING

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Anna Rohlfing 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov 6 1866
 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 3 If less than one day
 hr. min.

9. Birthplace Big Berger Mo (1)
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER, FATHER { 12. Name Unkown
 13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unkown
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Herman Rohlfing
 (b) Address Hermann, Mo
 17. (a) Burial (b) Date thereof 11-12-44
 (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) Nov. 11/44 (b) A. N. Siedler
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
 year 1944 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 11-12- 1943, to 11-9- 1944
 that I last saw him alive on 11-8- 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr +
 Due to.....
 Due to..... 51 lb
 Other conditions Carcinoma of Prostate 1 yr +
 (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:
 (c) 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 F. J. Weisling (M. D. or other)
 Address Hermann Mo Date signed 11-10-44

RECEIVED
District Health Officer No. _____
District File Number _____
Date Filed 12-5-44

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..... *Hugert Blumenthal*

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.