

Registration District No. **119**

Primary Registration District No. **5443**

Registrar's No. **40**

1. PLACE OF DEATH: **Gasconade Mo.**
 (a) County.....
 (b) City or town..... **Hermann Mo. Rural Route**
 (If outside city or town limits, write "RURAL" and name of township)
 (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..... **1**
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **Gasconade 37**
 (c) City or town..... **Hermann** **0**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **R.F.D. First Creek**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Bertha Kattelmann**

3. (b) If veteran, name war.....
 3. (c) Social Security No. **1**

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

6. (b) Name of husband or wife **Fred Kattelmann** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **June 1 1864**
 (Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **14** If less than one day
 hr. min.

9. Birthplace **Little Berger Mo.** **U**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Paul Schmidt** **Germany 4**

13. Birthplace **Germany** **4**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Strassner** **Germany**
 (City, town, or county) (State or foreign country)

15. Birthplace **Germany 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Fred Kattelmann** **1**
 (b) Address **Hermann Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 18, 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hermann**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **Hermann Mo.**

19. (a) **Dec 16/44** (b) **A. H. Hedler**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec. 15** day **1944**
 year..... hour **4 P.M.** minute..... M.

21. I hereby certify that I attended the deceased from **12-12-** 19**44**, to **12-15-** 19**44**
 that I last saw her, alive on **12-15-** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis**
 Duration

Due to **Influenza Inf.**

Due to

Other conditions (Include pregnancy within 3 months of death) **32**

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 **3**
 23. Signature **Howard Workman** (M. D. or other).....
 Address **Hermann Mo** Date signed **12-16-44**

1261

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-45

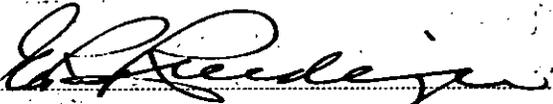
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No. 2044

P. O. Address.....

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.

Registration District No. 119

Primary Registration District No. 5463

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

1. PLACE OF DEATH:
 (a) County Garcena
 (b) City or town Hermann Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: (Roark Twp.)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bertha Kattelman
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him/her alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced in
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June (Month) _____ (Day) _____ (Year)

8. AGE: Years 80 Months 6 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

MOTHER FATHER

41093