

FILED SEP 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 16

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:
Harry K. Hoelmer Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 14 miles South Of Hermann, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMBROSE ALLEMANN

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

4. Sex Male 5. Color or race White
6. (a) ~~Single~~ ~~widowed~~ ~~xxxx~~ ~~xxxx~~
6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased Oct. 9 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 22
If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Allemann
13. Birthplace Chur Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Boehmer
15. Birthplace Undewatz Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Hoelmer
(b) Address Hermann, Mo. R.F.D.

17. (a) Burial (b) Date thereof 9/3/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stolpe, Mo.
18. (a) Signature of funeral director Fritz H. Blumer
(b) Address Burgin, Mo
19. (a) Aug. 31/45 (b) A. H. Liedler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1945 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 8th 1945 to Aug 31st 1945
that I last saw him alive on Aug 21st 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy Asa

Duration _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature E. G. Rhodius (M. D. or other) _____
Address Hermann Date signed 9/21/45

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-6-45

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Chas. M. Pope
Licensed Embalmer No. 2552
P. O. Address Herndon, Va.

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.