

FILED JAN 5 1946

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 28

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: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 years (Specify whether years, months or days)
 In this community 75 years

3. (a) PRINT FULL NAME LOUIS BEGEMANN

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

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

6. (b) Name of husband or wife Ida Begemann 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 22 1870
 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Grocery Store

11. Industry or business Owner Merchant

12. Name Aug. Begemann

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

14. Maiden name Flora Baer

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

16. (a) Informant Ida Begemann

(b) Address Hermann

17. (a) Burial (b) Date thereof Dec. 19 45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Hermann

(b) Address Hermann

19. (a) 12/19/45 (b) W. M. M. Miller
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
 (c) City or town Hermann
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
 year 1945 hour 4 minute AM

21. I hereby certify that I attended the deceased from Feb. 19, 1927
 to Dec. 17, 1945
 that I last saw him alive on Dec. 17, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis Duration 20 yrs.

Due to _____

Due to _____

Other conditions Myocardial insufficiency 3 yrs.
 (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? _____

(e) While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. M. M. Miller (M. D. or other) MD

Address Hermann, Mo. Date signed 12/18/45

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 1-4-46

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

E. Ruediger

Licensed Embalmer No. 2044

P. O. Address Herman New

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.