

FILED MAR 16 1947
Registration District No. **119**

Primary Registration District No. **4193**

Registrar's No. **3**

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:
E. Second 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 **86 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **Hermann**
(If outside city or town limits, write "RURAL")
(d) Street No. **E. Second St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOUISE OCHSNER**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 widowed**

6. (b) Name of husband or wife **Fritz Ochsner** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 15 1860**
(Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **19** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Casper Schubert**

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

14. Maiden name **Louisa Link**

15. Birthplace **Detroit Mich.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillian O. Tugel**

(b) Address **Hermann, Mo**

17. (a) **Burial** (b) Date thereof **2-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Hermann City Cemetery**

18. (a) Signature of funeral director **Howard Workman**
(b) Address **Hermann, Mo**

19. (a) **2/6/47** (b) **Howard Workman**
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4**
year **1947** hour **5** minute **15 P** M.

21. I hereby certify that I attended the deceased from **1-28-1947** to **2-4-1947**
that I last saw her alive on **2-4-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency** Duration _____
Due to **Influenza**
Due to _____

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

Major findings: Of operations **92 B**
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **Howard Workman** (M. D. or other) _____
Address **Hermann, Mo** Date signed **2-5-47**

Date Filed _____
District File Number _____
MAK 10 1947

RECEIVED
District Health Officer No. 9,

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..... *Hugo H. Blumer*

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.