

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37657

FILED DEC 11 1947
Registration District No. 1779

Primary Registration District No. 5443 4193

State File No.

Registrar's No. 26

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town HERMAN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WORKMANN HOSP. - HERMANN, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 HOURS (Specify whether
In this community LIFETIME years, months or days)

3. (a) PRINT FULL NAME CLARA WILHELMINA FLLERBRAKE

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 1947 11-18-99
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Hermann R75 MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Housekeeper

12. Name CHARLES FLLERBRAKE

13. Birthplace BERGER R75 MO
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE BRAUTIGAM

15. Birthplace Hermann R75 MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arthur J Meyer

(b) Address Hermann MO R75

17. (a) Burial (b) Date thereof 11/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cem - Germ MO

18. (a) Signature of funeral director Paul H Blumberg

(b) Address Berger MO

19. (a) 11/13/47 (b) W. M. Mendenhall
(Date received local registrar) (Registrar's signature)

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. 7 miles East of Hermann MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 11
1947 to Nov. 12 1947
that I last saw her alive on Nov. 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic acidosis (coma) Duration

Due to Diabetes mellitus

Due to

Other conditions Colloid goiter
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 Cecil T. Shaw (M. D. physician)

Address Hermann, MO Date signed 11-12-47

Date Filed 12-10-47

District File Number

District Health Officer No. 9,

RECEIVED

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, only

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

Signed Herman Blumen

Licensed Embalmer No. 528

P. O. Address Burger Ave

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.