

FILED MAY 14 1948

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 89

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:
803 Washington St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

In this community 21 years

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. 803 Washington St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD ADOLPH BALLMANN

3. (b) If veteran, name war ----

3. (c) Social Security No. 486-32-2103

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 1947 to April 12, 1948.

that I last saw him alive on April 12, 1948, and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Laura Ballmann 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Oct 10 1877
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

70 6 2 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name William Ballmann

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

14. Maiden name Catherine Neiderholtmeyer

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

16. (a) Informant Mrs. Edw. Ballmann

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 4-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Haven Catholic Cem.

18. (a) Signature of funeral director Wm. H. Stuever

(b) Address Hermann, Mo

19. (a) 4/14/48 (b) W. H. Stuever
(Date received local Registrar) (Registrar's signature)

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 0

23. Signature J. B. Ryan (M. D. or other) MD

Address Hermann Mo Date signed 4/13/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number - MAY 13 1948
Date Filed

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.....

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.