

S. No. 2
4-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39801

State File No. _____

FILED JAN 8 1949

Registration District No. 119

Primary Registration District No. 4193

Registrar's No. 32

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:
510 Mozart St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 27 years (Specify whether
In this community. 27 years
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. 510 Mozart St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILHEMINA LOUISE HORSTMANN

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

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

6. (b) Name of husband or wife Edward Horstmann
6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sept 25 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ludwin Hahne

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

14. Maiden name Marie Krome

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

16. (a) Informant Edward Horstmann

(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugh St. Thuermer

(b) Address Hermann, Mo

19. (a) 12/21/48 (b) W. M. Muehler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1948 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from December 13, 1948 to death, 1948
that I last saw h. ev alive on December 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Coronary occlusion or pulmonary embolism
Duration 15 min

Due to Arteriosclerotic heart disease Many years

Other conditions Cardiac decompensation 6 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 43D

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 0

23. Signature Carvel T. Shaw (M. D. or other) MD
Address Hermann, Mo Date signed 12-20-48

RECEIVED
District Health Officer No. 9,
District File Number
JAN 6 1949
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.