

FILED NOV 5 1949

## STANDARD CERTIFICATE OF DEATH

State File No. **33509**

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>28</u>				
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>			c. LENGTH OF STAY (In this place) <u>34 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 W. 8th St.,</u>				d. STREET ADDRESS (If rural, give location) <u>119 W. 8th St.,</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EUGENE</u>		b. (Middle) <u>AUGUST</u>		c. (Last) <u>KATTELMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 3-1915</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>34</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>			11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Ben. Kattelmann</u>			13b. MOTHER'S MAIDEN NAME <u>Mathilda Photenhauer</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Kattelmann</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>488405-5316</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Kattelmann,</u>			ADDRESS <u>Hermann, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic, cerebral</u>						<u>1 1/2 hrs.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute bronchitis</u>								
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>48 hrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct. 23, 1949</u> , to <u>Oct. 26, 1949</u> , that I last saw the deceased alive on <u>Oct. 26, 1949</u> , and that death occurred at <u>1258 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Ed. A. Jeter, J.D.O.</u>					23b. ADDRESS <u>Hermann, Mo.</u>			23c. DATE SIGNED <u>10/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Georges Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo</u>			
DATE REC'D BY LOCAL REG. <u>10/28/49</u>		REGISTRAR'S SIGNATURE <u>Ed. A. Jeter</u>			FUNERAL DIRECTOR'S SIGNATURE <u>August St. Louis</u>		ADDRESS <u>Hermann, Mo.</u>			

(Licensed Embalmer's Statement (on Reverse Side))

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

..... District File Number.....

District Health Officer No. 91

RECEIVED NOV 4 1945

NOV 17 1945

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Hugost H. Plummer*

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.