

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

16388

State File No.

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf Twp	
c. LENGTH OF STAY (in this place) 61 yrs		d. STREET ADDRESS (If rural, give location) 2 1/2 mi. W. of Stony Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi. West of Stony Hill		d. STREET ADDRESS 2 1/2 mi. W. of Stony Hill	

3. NAME OF DECEASED (Type or Print) EDWIN HERNY HAMMELMANN			4. DATE OF DEATH (Month) (Day) (Year) April 30-1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 4, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Clay mining	11. BIRTHPLACE (State or foreign country) Stony Hill, Mo		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Henry Hammelmann	13b. MOTHER'S MAIDEN NAME Mary Gadiant	14. NAME OF HUSBAND OR WIFE Louvania Hammelmann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. 500-10-8389	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edwin Hammelmann, Hermann, Mo	ADDRESS Hermann, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MEDICAL CERTIFICATION Natural Causes-		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Symptoms--Apoplexy no (Received/Doctor's Care for past 15 years)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hugh H. Steiner</i> (Degree or title) Coroner, 3	23b. ADDRESS Hermann, Missouri	23c. DATE SIGNED 4-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3, 1950	24c. NAME OF CEMETERY OR CREMATORY St. James Ev. Cemetery	24d. LOCATION (City, town, or county) (State) Stony Hill, Mo
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DATE RECD BY LOCAL REG. 5/2/50	REGISTRAR'S SIGNATURE <i>Hugh H. Steiner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh H. Steiner</i>	ADDRESS Hermann, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~District File Number~~
District Health Officer No. 9,
RECEIVED JUN 6 1950

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 _____

Hugo St. Hermann

3160
Licensed Embalmer No. _____

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.