

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22664**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **4193** Registrar's No. **24**

1. PLACE OF DEATH  
a. COUNTY **Gasconade**  
b. CITY (If outside corporate limits, write RURAL and give township) **Hermann**  
c. LENGTH OF STAY (in this place) **85 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION: **200 1/2 E. 1st St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Gasconade**  
c. CITY (If outside corporate limits, write RURAL and give township) **Hermann**  
d. STREET ADDRESS (If rural, give location) **200 1/2 E. 1st St.**

3. NAME OF DECEASED  
a. (First) **Armin** b. (Middle) **Clemens** c. (Last) **Begemann**

4. DATE OF DEATH: **July 22 51**

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH: **April 13, 1866**

9. AGE (In years last birthday) **85** 10. UNDER 1 YEAR **0** 11. UNDER 1 MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Marchant**

10b. KIND OF BUSINESS OR INDUSTRY **Gen. Mdse.**

11. BIRTHPLACE (State or foreign country) **Hermann, Mo.**

12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Aug. Begemann**

13b. MOTHER'S MAIDEN NAME **Flora Baehr**

14. NAME OF HUSBAND OR WIFE **Ida K. Begemann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ida Begemann, Hermann, Mo.** ADDRESS

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.*

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic nephritis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **2 yrs.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **592X**

20. AUTOPSY? YES  NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **April 1949**, to **July 22, 1951**, that I last saw the deceased alive on **July 22, 1951**, and that death occurred at **11:30 AM** from the causes and on the date stated above.

23a. SIGNATURE **E. G. Rhodius MD** (Degree or title)

23b. ADDRESS **Hermann, Mo.**

23c. DATE SIGNED **7/23/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **7/25/51**

24c. NAME OF CEMETERY OR CREMATORY **Hermann City Cemetery**

24d. LOCATION (City, town, or county) (State) **Hermann Mo.**

DATE REC'D BY LOCAL REG. **7/24/51**

REGISTRAR'S SIGNATURE **B. M. ...**

25. FUNERAL DIRECTOR'S SIGNATURE **August ...** ADDRESS **Hermann, Mo.**

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

File No. \_\_\_\_\_

DISTRICT HEALTH OFFICE No. 4

AUG 9 1951

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, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed Hugot B. Clever

Signed \_\_\_\_\_  
Student Embalmer

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.