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FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33603
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY GASCONADE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RichLand Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9mi. SW. of Hermann — Length of stay in 1b 8 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY GASCONADE
c. CITY OR TOWN ✓ 0370 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 9mi. S.W. of Hermann (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARIA Middle LOUISA Last HOELMER
4. DATE OF DEATH Month OCT Day 7 Year 1956
5. SEX FEMALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH DEC-8-1873
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEHELPER
10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (City and state or country) RFD Bay Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME FREDERICK LINNEMANN
14. MOTHER'S MAIDEN NAME LOUISA WEIDEMANN
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 LAURA FRECHMANN Address Hermann Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE PULMONARY EDEMA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (NO DOCTOR IN ATTENDANCE)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5272

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Delma Gerken (Degree or title) Registrar
22b. ADDRESS Hermann, Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10/9/56
23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery
23d. LOCATION (City, town, or county) Hermann (State) Mo

24. FUNERAL DIRECTOR Hugo H. Blumer
ADDRESS Hermann Mo
25. DATE RECD. BY LOCAL REG. 10/7/56
26. REGISTRAR'S SIGNATURE Delma Gerken

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hugo H. Blumer

Licensed Embalmer No. 31

P. O. Address Hermann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.