

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013788
STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY GASCONADE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY GASCONADE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HERMANN 0371		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 915 MARKET ST		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 915 MARKET ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ERWIN CHARLES TOEDTMANN			4. DATE OF DEATH APRIL 4 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 9 - 1906		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY PRODUCE CO.	11. BIRTHPLACE (City and state or country) PERSHING MO		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME CHAS. H. TOEDTMANN		13b. MOTHER'S MAIDEN NAME EMMA PLATTNER		14. NAME OF HUSBAND OR WIFE VALOISE TOEDTMANN	
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. 500-10-8057		17. INFORMANT VALOISE TOEDTMANN Address HERMANN MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 6-1-48 to 4-4-58 and last saw him alive on 4-4-58 Death occurred at 9:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carroll T. Shaw M.D.			22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 4-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/7/58	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY		23d. LOCATION (City, town, or county) (Specify) HERMANN MO
24. FUNERAL DIRECTOR HUGO H. Blumer ADDRESS HERMANN MO		25. DATE RECD. BY LOCAL REG. 4-5-58		26. REGISTRAR'S SIGNATURE Delma Uffelmann	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. may use only standard notation on form. No symbols will be used. All diseases in Part I must be causally related.

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11-57
571

MAY 12 1959

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 Roger W. Blumer, Student Embalmer No. 553 working under my personal supervision.

Student *Roger W. Blumer*
Signature of Student Embalmer

Signed *Lugo H. Bremer*
Licensed Embalmer No. 3160
P. O. Address *Herman*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.