

APR FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **790**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Minnie Oermann

3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 29, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Herman Sauerhagen

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Winkelmier

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. L. Baumgarth

(b) Address 4545 Ashland

17. (a) Burial (b) Date thereof 1/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dittmar, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 24 1941 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")
(d) Street No. 4434 Arco 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 4: 30 minute 9 A.M.

21. I hereby certify that I attended the deceased from July 20, 1940 to Jan 23, 1941
that I last saw him alive on Jan 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myo-
carditis

Due to Myocardial infarction

Due to MI

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Carroll L. Linder (M. D. or other) 6448

Address 705 - Olive Date signed 1/24/41

