

Registration District No. 303

Primary Registration District No. 4182

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Gasconade  
 (a) County \_\_\_\_\_  
 (b) City or town Hermann  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 208 E. First  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Two Years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37  
 (a) State Missouri (b) County Gasconade  
 (c) City or town Hermann  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 208 E. First  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME: CHRISTIAN CLAUSEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: March 24, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>10</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation: Retired

11. Industry or business \_\_\_\_\_

12. Name: Unknown

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

14. Maiden name: Unknown (State or foreign country)

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

16. (a) Informant: Ed. Ballmann

(b) Address: Hermann, Missouri

17. (a) Burial (b) Date thereof: 2/20/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hermann City Cemetery

18. (a) Signature of funeral director: Hugo H. Blumer

(b) Address: Hermann, Missouri

19. (a) 2-19-42 (b) Anna K. Reddy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18  
year 42 hour 11 minute 2 M.

21. I hereby certify that I attended the deceased from 2-18 1942 to 2-18 1942

that I last saw him alive on 2-18 and that death occurred on the 18 and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature: Howard Hodman (M. D. or other) D

Address: Hermann Date signed: 2-20-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
1  
0

**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 .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....

*August Blumenthal*

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

**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.**