S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27338

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Gasconade (Rural) Roark Tu
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location).
(d) Length of stay: In hospital or institution (Specify whether
In this community 78 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade 37
(c) City or town Hermann (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Antonie Gawert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Gustav H. Gawert deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 1, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	29	hr. min.

9. Birthplace Hermann, Mo. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas. Feil
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amalia Rohenberger
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Gawert
(b) Address Hermann, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann

18. (a) Signature of funeral director
(b) Address Hermann

19. (a) Aug. 31/45 (Date received local registrar) (b) A. W. Siedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30 year 1945 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Aug. 18, 1942, to Aug. 30, 1945, that I last saw he alive on Aug. 29, 1945, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	10 days
Due to Hypertension	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. A. Jeter M.D. (M. D. or other)
Address Hermann, Mo. Date signed 8/31/45

1261 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 9-6-45

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2044

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.