

U.S. No. 300
REV. 10-48

31263

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1952 OCT 8

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 32

0371
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>419 W. 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 W. 9th St.</u>		e. STREET ADDRESS <u>419 W. 9th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>Erny</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 1952</u>
--	--------------------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Aug. 28, 1890</u>	9. AGE (In years last birthday) <u>62</u>	# MOON 1 YEAR Months	# WEEK 1 YEAR Days	# HOUR 1 MIN. Hours	# MIN.
----------------------	-------------------------------	--	--	--	-------------------------	-----------------------	------------------------	--------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hermann, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>Martin Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Helena Stoeller</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Erny</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-34-2579</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Erny</u>	ADDRESS <u>Hermann, Mo.</u>
---	---	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden death - cause</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown - presumably Cardiac</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	--	---------------------------

22. I hereby certify that I attended the deceased from 9-23, 1952, to 9-23, 1952, that I last saw the deceased alive on None, 19 , and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carol T. Shaw M.D.</u>	23b. ADDRESS <u>Hermann, Missouri</u>	23c. DATE SIGNED <u>9-24-52</u>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann RFD Mo.</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Oct. 27, 1952</u>	REGISTRAR'S SIGNATURE <u>Norothy Wallace</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh H. Blume</u>	ADDRESS <u>Hermann, Mo.</u>
--	---	--	--------------------------------

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Hugo H. Blumer

Licensed Embalmer No. 3160

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.