

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>WARREN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>WARRENTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>HERMANN 0371</b>	
c. LENGTH OF STAY (In this place) <b>14 days</b>		d. STREET ADDRESS (If rural, give location) <b>5 E. 5th ST</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KATIE JANE NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b> b. (Middle) <b>REHMERT</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 20 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR 13-1879</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1000 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bay Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>AUGUST REHMERT</b>	13b. MOTHER'S MAIDEN NAME <b>MINNIE SCHAEFER KOETTER</b>	14. NAME OF HUSBAND OR WIFE <b>MARTHA REHMERT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Martha Rehmert</b>	ADDRESS <b>HERMANN Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Lung Bilateral</b> DUE TO (c) <b>Generalized metastases</b>		
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 <b>103 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-6-1954 to 10-20-1954, that I last saw the deceased alive on 10-19-1954, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mabel ...</b>	23b. ADDRESS <b>Warrenton, Mo</b>	23c. DATE SIGNED <b>10-23-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>HERMANN Mo</b>
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DATE REC'D BY LOCAL REG <b>10-25-54</b>	REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	421-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugh H. Blumer</b>	ADDRESS <b>HERMANN Mo</b>
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(Licensed Embalmer's Statement (on Reverse Side))

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

1090  
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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 \_\_\_\_\_

*August Deumer*

Licensed Embalmer No. 3160

P. O. Address Meriden Conn

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.