

WHILE LIVING, WITH OBTAINING THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

64
5

14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26275
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547

(b) Township Marion Primary Registration District No. 3529

(c) City Marion (d) Street No. 508 Glascock St. _____

(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Edward Stolberg

(a) Residence, No. 308 Glascock St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elija Stolberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

82 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired fireman

9. Industry or business in which work was done, as saw mill, bank, etc. Marble Machine Co.

10. Date deceased last worked at this occupation (month and year) Retired 8 yrs. 11. Total time (years) spent in this occupation 42 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois

FATHER 13. NAME Adam Stolberg 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Bertell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) O. W. Stolberg

18. BURIAL, CREMATION, OR REMOVAL PLACE Cluff Hall Cemetery DATE Oct. 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ray P. Schwartz

20. FILED Oct 28, 1938 H. C. Grocher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1938, to Oct. 26, 1938

I last saw him alive on Oct. 24, 1938 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration

arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) H. C. Grocher, M. D.

(Address) Marion Mo.

