

RECORDED MAY 22 1939

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

15482
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029 Registered No. 134
 (c) City Hannibal (d) Street No. St Elizabeth Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Mary Stergos

(a) Residence, No. P#3 Hannibal Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-20-1919
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 11 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Clerk
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-16-1939

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1939 to April 16, 1939
 I last saw her alive on April 13, 1939. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Appendicitis (Strophomen) Date of onset 4-9-39
Hemolytic Staphylococcus Septicemia 4-10-39
Cardiovascular Collapse 4-10-39
Secondary Anemia ?
 Other contributory causes of importance:
Hypodermectomy - Mch - 24th 1939

Name of operation Appendectomy Date of 4/9/39
 What test confirmed diagnosis? Culture Was there an autopsy? NO

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? NO
 If so, specify J. E. Dutzman, M. D.
 (Signed) J. E. Dutzman
 (Address) Hannibal Mo.

12. BIRTHPLACE (CITY OR TOWN) Haloer (STATE OR COUNTRY) West Virginia
 FATHER 13. NAME George A. Stergos
 14. BIRTHPLACE (CITY OR TOWN) Groves (STATE OR COUNTRY) 0
 MOTHER 15. MAIDEN NAME Roberte Tulley
 16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) MO
 17. INFORMANT (ADDRESS) Roberte Stergos
P#3 Hannibal Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary Cem DATE April-19 1939
 19. FUNERAL DIRECTOR (NAME) James A. Howell (ADDRESS) Hannibal Mo
 20. FILED April 18 1939 J. C. Fisher Local Registrar

WRITE PLAINLY, WITH UNFADING INK---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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.