

REC'D AUG 22 1939

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

26524

Do not use this space.

1. PLACE OF DEATH

(a) County Shepherd Registration District No. 677
 (b) Township Roca Primary Registration District No. 4403 Registered No. 71
 or
 (c) City Roca (d) Street No. _____ 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

Infant Son Mrs Emma Orville Stegadel
 (a) Residence, No. Roca 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 <u>mm</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>label</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1939</u>		
7. AGE	YEARS	MONTHS DAYS
		If LESS than 1 day, 1 hrs. or min.
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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roca mo</u>		
FATHER	13. NAME <u>Orville Stegadel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis mo</u>	
MOTHER	15. MAIDEN NAME <u>Mayme Allison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shepherd mo</u>	
17. INFORMANT (ADDRESS) <u>Orville Stegadel Roca mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gular Knob</u> DATE <u>June 30, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Joe F. Myers Roca mo</u>		
20. FILED <u>June 30, 1939</u> <u>Joe F. Myers</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-30-1939 to 6-30-1939
 I last saw him alive on 6-30-1939. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
154

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) E. E. Fend, M. D.
Roca mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 5,

District File Number 83933

Date Filed 8 10 39

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.