

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 118

1. PLACE OF DEATH

(a) County St Charles
 (b) City or town St Charles, Mo.
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years +
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Bertha Stoffers, 216

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 30 1883
 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 7

10. Usual occupation None 6

11. Industry or business None

MOTHER FATHER
 { 12. Name Unknown
 { 18. Birthplace Germany (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rev J Steuber
 (b) Address St Charles mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 4 1940 (Month) (Day) (Year)
 (c) Place: burial or cremation Westside Maus

18. (a) Signature of funeral director Wachmann, Rose
 (b) Address 376 No 6 St St Charles Mo

19. (a) 7/2/40 (Date received local registrar) (b) Clarence H. Heister (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd, year 1940 hour 10:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from November 2nd, 1931, to July 3rd, 1940, that I last saw him alive on July 3rd, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of T. S.

Due to Physician's 1931

Due to _____
 Other conditions Epilepsy 46
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Y
 _____ (Specify type of place).
 While at work? _____ (e) Means of injury _____

23. Signature Clarence H. Heister (M. D. or other) _____
 Address _____ Date signed _____

WHILE EXCELLENCE—USE UNFADING BLACK INK—MAKE 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 Arthur C. Bess

Licensed Embalmer No. 3155

P. O. Address St Charles 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 757

Primary Registration District No. 5998

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Emmanuel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Bertha Staffers

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: Aug 30 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3 If less than one day _____ min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Rev Theo Stauber

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Side Iowa

18. (a) Signature of funeral director Kachmann - Base

(b) Address St Charles Mo

19. (a) Aug-16-1940 (b) Glenn S. Hoessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles

(c) City or town St Charles
(If outside city or town limits write "RURAL")

(d) Street No. Rt 4
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1940 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10th day
home 1940 to July 3rd 1940
that I last saw her alive on July 13th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cancer of Pylorus

Due to _____

Other conditions Epilepsy 20yrs.
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy none. 46

Duration 1 yr +

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature A Perich Schuch Md
(M. D. or other)

Address St Charles Mo Date signed Sept 17/40

SUPPLEMENTAL

