

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

100-3-17-39  
REV. 1-1-35

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

AM 8 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42944

Registrar's No. 14-56

Registration District No. 425

Primary Registration District No. 5580

1. PLACE OF DEATH:

(a) County JEFFERSON  
 (b) City or town RURAL - Meramec Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: NEAR CEDAR HILL Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLIAM ANTON STOVESAND

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife KATIE (NEE) STOVESAND 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MARCH - 2 - 1874  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation BLACKSMITH

11. Industry or business BLACKSMITH SHOP

12. Name JOHN STOVESAND

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

14. Maiden name LOUISE ULRICH

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

16. (a) Informant's own signature Ernest A. Stovesand

(b) Address Cedar Hill Mo

17. (a) BURIAL (b) Date thereof Dec 20 1940  
 (Burial, cremation, or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martins - Dittmer Mo

18. (a) Signature of funeral director H. Drummond 30  
 (b) Address Home Springs Mo  
 19. (a) 19 Dec 1940 (b) Jacques A. Touraine  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON  
 (c) City or town CEDAR HILL  
 (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. NATIVE BORN years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17<sup>th</sup>  
 year 1940 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 17<sup>th</sup>  
1940, 19to Dec 17<sup>th</sup>, 1940  
 that I last saw him alive on Dec 16<sup>th</sup>, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary arteries Duration \_\_\_\_\_

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions 4478  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
 Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically  
 Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

28. Signature T. B. Edgewood (M. D. or other) M. D.  
 Address Cedar Hill Mo Date signed 12/18/40

**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.....

*A. B. Brimmer*

Licensed Embalmer No. *1470*

P. O. Address *House Springs*

**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.**